

BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the First Amended  
Accusation and Second Petition to Revoke  
the Probation of:

ANGELIQUE MICHELE RIDER-  
MITCHELL  
10139 Montgomery Avenue  
North Hills, CA 91343

Registered Nurse License No. 518146

Respondent.

Case No. 2000-175

OAH No. L2006120271

**DECISION**

The attached Proposed Decision of the Administrative Law Judge is hereby adopted by the Board of Registered Nursing as its Decision in the above-entitled matter.

This Decision shall become effective on December 15, 2007

IT IS SO ORDERED November 15, 2007.



President  
Board of Registered Nursing  
Department of Consumer Affairs  
State of California

BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the First Amended Accusation  
and Second Amended Petition to Revoke  
Probation Against:

ANGELIQUE MICHELE  
RIDER-MITCHELL,

Registered Nurse License No. 518146

Respondent.

Board Case No. 2000-175

OAH No. L2006120271

PROPOSED DECISION

This matter came on regularly for hearing on April 26 and 27, and July 26, 27, 30 and 31, 2007, at Los Angeles, California before David B. Rosenman, Administrative Law Judge (ALJ), Office of Administrative Hearings, State of California. Respondent Angelique Michele Rider-Mitchell was present and was represented by A. Irving Osser, Attorney at Law. Complainant Ruth Ann Terry, M.P.H., R.N., was represented by Deputy Attorney General Nancy A. Kaiser.

Oral and documentary evidence was presented and the matter was submitted for decision on July 31, 2007.

FACTUAL FINDINGS

The Administrative Law Judge finds the following facts:

1. The Accusation and Petition to Revoke Probation, and amendments, were brought by Complainant Ruth Ann Terry, M.P.H., R.N., in her official capacity as Executive Officer of the Board of Registered Nursing (Board).

License issuance and prior license discipline

2. The Board issued registered nurse license number 518146 to Respondent on December 31, 1995. The license expired on April 30, 2007, and was renewed a few weeks

after expiration. Even if not renewed, the Board retains jurisdiction over this proceeding pursuant to Business and Professions Code sections 118 and 2764.<sup>1</sup>

3. Respondent's license was first disciplined by a Decision and Order dated November 19, 2001. In a stipulated settlement, it was agreed, and the Board ordered, that Respondent's registered nurse license was revoked; however, the revocation was stayed, and the license was placed on probation for three years under certain terms and conditions. In the stipulation, Respondent admitted that she suffered a criminal conviction on January 9, 1997, on her plea of nolo contendere to violating Vehicle Code section 23152, subdivision (b) (driving with blood alcohol content of .08% or more), a misdemeanor, and a second criminal conviction on July 7, 1997, on her plea of nolo contendere to violating Vehicle Code section 23103, subdivision (a) (reckless driving), a misdemeanor. Before her period of license probation was completed, a second disciplinary action was filed against Respondent on February 27, 2004.

4. In the second matter, Respondent's license was disciplined by a Decision and Order dated November 14, 2004. In a stipulated settlement, Respondent admitted the allegations related to mood-altering drugs, as follows:

- a. On or about September 4, 2002, Respondent tested positive for cocaine;
- b. On or about September 9, 2003, Respondent arrived two hours late (unexcused) for testing; and
- c. On or about November 25, 2003, Respondent tested positive for ethanol (alcohol).

5. In the stipulation for the second matter<sup>2</sup>, it was agreed, and the Board ordered, that Respondent's registered nurse license was revoked; however, the revocation was stayed, and the license was placed on probation for two years under certain terms and conditions. Some of the terms and conditions are summarized as follows.

- a. Condition 1: Respondent shall obey all laws;
- b. Condition 2: Respondent shall comply with all of the terms of probation and maintain an active and current license;

---

<sup>1</sup> All further statutory references are to the Business and Professions Code, unless indicated otherwise.

<sup>2</sup> Although her second probation did not technically begin until November 14, 2004, Respondent had signed the stipulation in April 2004. Further, under Condition 12 of the first probation, the filing of the Accusation and Petition to Revoke Probation in February 2004 had the effect of extending that probation, essentially until the second probation took effect.

c. Condition 11: Respondent shall participate in a treatment/rehabilitation program for chemical dependence, including attendance at Alcoholics Anonymous (AA) meetings;

d. Condition 12: Respondent shall abstain from the use of psychotropic (mood-altering) drugs, including alcohol;

e. Condition 14: Respondent shall have a mental health examination, including any recommendation for treatment, therapy or counseling, and have a written report submitted, within 45 days of commencement of probation; and

f. Condition 15: Respondent shall participate in an ongoing counseling program until released by the Board.

6. In the current matter, it is alleged that Respondent violated the conditions of probation summarized in Finding 5, above. It is also alleged that Respondent acted unprofessionally with patients M.M. and R.I.<sup>3</sup>, acted unprofessionally with a telephone operator of a doctor's answering service, and continued to care for patients during a period when her certification for Advanced Cardiac Life Support had expired.

#### Alleged Violations of Probation

7. A few days after the second disciplinary order placing her on probation (November 14, 2004), Respondent left a message for her Board probation monitor, Wesley Miyamura. Miyamura spoke with Respondent by telephone on December 2, 2004, to inquire about the results of a urine test from October 12, 2004, that indicated Respondent tested positive for alcohol. Respondent denied drinking alcohol around the time of the screening.

8. In a phone conversation on December 21, 2004, Respondent admitted to Miyamura that she drank wine once in November 2003, with family members, and again in October 2004, when she drank a bottle of wine by herself.

9. Miyamura documented an in-person interview with Respondent on July 20, 2005. At that time, Respondent gave him sign in sheets of her attendance at AA meetings for the period February 2 through July 13, 2005. (Exhibit 26, pp. 941 – 942.) In that meeting, Miyamura reminded Respondent of her probation obligation to have a mental health examination, set a deadline for the mental health examination of September 3, 2005, and told Respondent to follow any recommended plan of therapy or counseling.

10. There was insufficient evidence to support the allegation that Respondent admitted to her probation monitor that she consumed alcohol in November 2004. There was sufficient evidence to establish that Respondent violated her probation by ingesting alcohol in October 2004.

---

<sup>3</sup> Initials are used to protect patients' confidentiality.

11. In September 2005, Mariann Fagunes became Respondent's probation monitor. In a meeting with Respondent on April 11, 2006, Fagunes again reminded Respondent of her obligation to have a mental health examination. According to Fagunes, Respondent acted as if the examination had already occurred and stated that Miyamura should have received the report. Fagunes told Respondent that she needed to have the report as soon as possible. Fagunes also gave Respondent copies of blank forms for her to fill in and have signed to show attendance at AA or other support group meetings.

12. Respondent obtained her mental health examination on August 22, 2006, from Matthew Maibaum, Ph.D. In his report (Exhibit C), he indicated a diagnosis of Adjustment Disorder, with Anxiety Features, in Remission (in reaction to work and non-work stress). Dr. Maibaum found no need for any restrictions at work. Respondent told Dr. Maibaum that her probation would end in November 2006. He recommended that Respondent continue attending AA and nursing support group meetings until that time, and offered his opinion that Respondent should be released from all restrictions at that time. Dr. Maibaum made no mention of the need for any other counseling or therapy.

13. Respondent did not comply with the probation condition to the effect that she have a mental health examination by December 25, 2004 (that is, within 45 days of the effective date of her second probation, November 14, 2004). Despite several reminders, her mental health examination was almost 20 months late. Further, it was not forwarded to Respondent's probation monitor. Instead, it was supplied to the Deputy Attorney General as part of the production of discoverable documents in preparation for this hearing.

14. Respondent testified that she faxed forms showing her support group attendance to Miyamura. At the hearing, Respondent presented attendance sheets, on the Board's forms, covering the time period November 2004 through November 2006. (Exhibit D.) Fagunes had never seen these forms and, when asked if Respondent previously submitted support group attendance forms for any attendance in 2006, Fagunes answered that Respondent had not. Fagunes added that she had not received any timely support group attendance forms from Respondent. Respondent did not produce the fax number or numbers to which she claims to have faxed the attendance forms, or fax cover sheets indicating that the forms were being faxed, or any printouts confirming that such faxes had been sent to Miyamura or Fagunes. Further, when Respondent was questioned concerning dates on which the sign in sheets showed attendance at more than one meeting, often taking place at the same time but described differently and signed by different people, her testimony was vague, inconsistent and evasive. (Compare Exhibit 26, pages 941 – 942 with Exhibit D.)

Under all of the circumstances, Respondent's claim that she timely submitted support group attendance forms for any period after July 2005 is not credible and not supported by the evidence.

15. The terms of Respondent's probation required her to participate in an ongoing counseling program until, upon recommendation of the counselor, the Board released her from the requirement. Although the language of the probation term is fairly clear cut, it was the practice of the probation monitors herein to await the outcome of the mental health examination to determine if such counseling was needed. (The terms of probation anticipated that Respondent's mental health examination would be completed within 45 days of the start of the probation, to be followed by any counseling recommended therein.) Respondent's probation monitors did not insist upon any counseling independent of the mental health examination. Further, there was evidence to the effect that Respondent attended an alcohol rehabilitation program, and although there was no specific evidence of any counseling component of the program, it is a very common element of these programs. Under all of the circumstances, it was not established that Respondent violated her probation by not attending counseling.

16. It was established that Respondent did not comply with the probation condition that required her to cooperate with the Board's staff in its monitoring and investigation of Respondent's compliance with the probation terms, as more specifically set forth in Findings 5 through 9 and 11 through 14.

17. The remaining claim of a probation violation alleges that Respondent failed to obey all laws, based upon the allegations of the accusation to the effect that Respondent committed acts of unprofessional conduct. Those allegations will now be addressed.

#### Patient M.M.

18. Respondent was hired as a registered nurse by Saint Joseph Medical Center in June 2000. It is now known as Providence Saint Joseph Medical Center. The events at issue occurred while Respondent was assigned to 3 North, where patients, due to their medical conditions, are monitored via telemetry for vital functions such as respiration, heart rate and cardiac functioning, blood pressure, and others.

19. The hospital uses a program of progressive discipline in instances where employees are suspected of having violated hospital policy or expected levels of patient care. A first incident may result in a verbal warning. Serious first offenses, or subsequent offenses, may result in a written warning. If warranted, subsequent offenses may lead to a final written warning and/or termination.

20. On January 17, 2005, Respondent's supervisor, Jan Galbo, prepared a counseling memo indicating it was a written warning due to Respondent's aggressive and inappropriate behaviors. In summary, it mentions complaints by patients, family members and staff of: "rough abrupt treatment of patients"; anger when Respondent is disrupted from her naps; Respondent described new staff to co-workers using phrases such as "stupid" and "dumb-ass new grades"; Respondent was sarcastic with new workers; excessive cigarette breaks; Respondent used inappropriate language (unspecified) in public areas and in "confused patient rooms"; and a fear of retaliation by staff. The memo notes that: the behavior was addressed informally at least twice by her manager, but there was no improvement; the behavior must

cease immediately; any similar infraction might lead to a final written warning; and that the supervisor would give weekly feedback on any improvements. On January 19, 2005, Respondent and her supervisor and two witnesses signed the memo.

21. On February 26, 2005, Respondent was the primary care nurse on the night shift for patient M.M., a 90-year-old woman. M.M. was Armenian and did not speak English. During the shift, M.M. wandered out of her room at least twice and entered the room of another patient at least once. It is alleged that, in front of the patient and several others, Respondent threw her stethoscope down on a table and said in a loud voice, "I am not going to deal with this shit" and "Fuck this shit."

22. In a declaration, Carol Osif, a hospital employee there at the time, stated that she heard Respondent make these statements. However, the declaration is hearsay and was received in evidence under the limitations of Government Code section 11513, subdivision (d), and can only be used to supplement or explain other evidence. Although other employees indicated to the interim Nurse Manager, Karen Grotefend, that they heard the comments, these other employees were unwilling to use their names to support their versions of the event. Grotefend stated these employees told her they were afraid of retaliation from Respondent.

23. Grotefend prepared a counseling memo relating to this incident, which was presented to Respondent on March 2, 2005. At that time, as well as at the current hearing, Respondent denied that the incident occurred as written or that she made the comments attributed to her. Respondent pursued a grievance of this counseling through her union and, eventually, the counseling was "withdrawn."

24. Under all of the circumstances, it was not established by clear and convincing evidence that Respondent made the comments as alleged.

25. Patient M.M. was confused and combative, and was placed in restraints after Respondent received authorization from the patient's physician. Respondent agrees with the allegation that she threw M.M.'s walker across her room. Respondent explained that the walker was blocking the door to M.M.'s room and the only way Respondent could gain access was to reach in and forcibly move the walker away.

26. Respondent included information about the need for the restrains, and the alternatives attempted before the restraints were used, in the patient's regular medical chart (Exhibit 9, pages 347 and 425 to 441) and in a separate restraint record (Exhibit 33). The notations made by Respondent about the patient's actions, alternatives attempted and the contact she had with the patient's family were sufficiently in compliance with the hospital's written policy on the use of restraints (Exhibit 14), and did not require more detail on the outcome of the efforts to use alternatives or the subject matter of her discussion with the patient's family.

27. The physician's order for restraints also included orders that M.M. could receive Ativan for her agitation, which could be repeated 30 minutes later if needed. Respondent charted the administration of the first dose of Ativan at 9:20 p.m. and charted a second dose of Ativan at 9:40 p.m. If the second dose was administered at 9:40 p.m., this would be contrary to the doctor's orders to wait 30 minutes after the first dose was administered.

28. Respondent stated that, about 20 minutes after the first dose of Ativan was given, she and the charge nurse, Bill Crane, decided it was clear that another dose would be needed. Respondent stated that access to the computers to make chart additions was not always available, so she charted the second dose at 9:40 p.m., but she did not actually administer the dose until 10 minutes later, because of the time it took to obtain the keys to the locked medication room, locate another nurse to witness the drawing of the drug into a syringe and the wasting of the remaining drug in the vial, prepare the syringe, and return to the patient to administer the drug. Respondent believed that Bill Crane was there when she administered the second dose of Ativan.

29. Respondent's testimony that she charted the administration of the second dose of Ativan 10 minutes before actually administering the dose, by itself, is not sufficient to support a factual finding. Charting the administration of a drug before it is actually administered is contrary to good nursing practice. Every witness who was asked the question indicated that it would be inappropriate to chart the administration of a drug at a time before it was actually administered. Although Respondent called Bill Crane to testify at the hearing, no questions were asked of him regarding the second administration of Ativan and the charting for it. Nor did Respondent offer the testimony of the nurse who witnessed the wasting of the remaining Ativan, or any documentation associated with the wasting, to support her testimony. Under Evidence Code section 412, weaker and less satisfactory evidence should be looked at with distrust when it is offered by a party with the power to present stronger and more satisfactory evidence. Respondent did not testify to any other instance where she charted administration of a drug before it was actually administered. Respondent, whose license is at issue in these proceedings, has a motive to fabricate the timing of these events.

30. Pursuant to hospital policy, Respondent, as the primary care nurse for M.M., was to check the vital signs for patient M.M. periodically, at least every four hours, and more often considering the patient's condition. The medical chart shows the vital signs were checked at 10:00 p.m. on February 26, 2005, and that the next full check of vital signs was at 6:00 a.m. on February 27. However, Respondent testified that she checked this patient's vital signs much more often and kept a record on a separate sheet of paper near the patient's bedside. When her shift ended, Respondent reviewed these notes with the day shift nurse, Michelle Crosby, who was to take responsibility for the patient. In her testimony, Michelle Crosby confirmed that she reviewed this sheet of vital signs with Respondent. These notes, and other records relating to M.M. (specifically, pictures) cannot be presently located. Under all of the circumstances, it was not established that Respondent failed to take vital signs of the patient at appropriate intervals on the night of February 26, 2005, and the following morning.

31. Respondent followed the hospital policy for a patient in restraints by checking that the restraints were not too constricting and allowed for blood circulation to the extremities. Under that policy, Respondent was to check every 15 minutes, and indicate on the restraint form, in two-hour intervals, that the checks were made.

32. After the shift change on the morning of February 27, patient M.M. was observed to have reddish marks or bruises on her wrists in the vicinity of where the restraints had been applied. It was not established by the evidence that Respondent was responsible for these marks due to improper use or monitoring of the restraints. Rather, it was likely that the reddish marks were the result of the patient's agitation earlier during the morning shift, including wrestling out of her restraints and being caught and held down by four nurses and assistants while her restraints were re-applied.

#### Expiration of Respondent's Certification

33. In order for Respondent to work on 3 North at the hospital, she was required to have an Advanced Cardiac Life Support (ACLS) certification. Classes must be successfully completed to acquire an ACLS certification and to periodically renew it.

34. Respondent was aware that her ACLS certification was required for her position. Respondent was aware that her certification would expire in April 2005. Respondent continued to work on 3 North at the hospital after the expiration. Respondent was notified by Grotefend in July 2005 (while she was on vacation) that she was suspended until her certification was renewed. Respondent took the next course available, was re-certified, and returned to work shortly thereafter.

35. Respondent testified that, before her certificate expired, she asked Grotefend several times how important it was to get a renewal, and that Grotefend never gave a substantive response – "she blew me off." Respondent stated that she would have scheduled an earlier class if Grotefend indicated it was necessary. Respondent was highly offended that Grotefend called her during her vacation and notified her of a suspension until the class was completed. Respondent also claimed that other nurses whose certificates lapsed were treated differently and were allowed to work in a capacity that did not require the certificate, until a renewal could be obtained. Grotefend countered that Respondent was hired to work specifically on 3 North, and Grotefend was informed she could not reassign Respondent to any other position in the hospital after the certificate lapsed. Timely re-certification was Respondent's responsibility; the interaction between her and Grotefend did not alter that in any way.

#### Interaction with Phone Operator

36. On November 27, 2005, Respondent had been told that a patient was ready to be discharged from the hospital and that all paper work had been completed by other staff-persons. However, Respondent discovered that a signature was needed from a treating physician before the patient could be discharged. Respondent called the doctor's answering service and, after

becoming frustrated with the instructions given to her, called the phone operator a “fucking idiot.”

37. On December 5, 2005, Respondent was counseled by Karen Grotefend concerning this incident and was given a final written warning concerning her use of inappropriate or abusive language. Respondent refused to sign the counseling memo.

38. Respondent testified that the incident had been particularly frustrating for her. She had called the doctor’s answering service and described how she was asked for her name and location and the patient’s name and other information, only to be told that she needed to call another number. Respondent had made several such calls before the particular call in issue and, when the operator told her to call another number, Respondent told the operator that the number just given was the very number that Respondent had called to talk to this particular operator. Respondent explained her purpose in calling and the particular predicament she was in. Nevertheless, the operator insisted that she call the number given. It was at this point, in finishing the call and hanging up, that Respondent uttered her words.

39. The answering service and the doctor complained to the hospital about the call. The call had been recorded and, although Karen Grotefend heard the recording and saw a transcript of the call, neither the recording nor the transcript could be located for use at the hearing.

40. Respondent testified that the operator called her back later, apologized for the numerous steps that Respondent was asked to follow, and together they were able to get the necessary approval for the patient’s discharge.

41. Although this incident, by itself, might not rise to the level of establishing a cause to impose discipline on Respondent’s license, it does rise to that level when considered in light of the earlier warnings and counseling of Respondent to avoid inappropriate or abusive language and behavior, and in conjunction with Respondent’s other acts as set forth herein.

#### Patient R.I.

42. On June 2, 2006, during the day shift at the hospital, Respondent inserted a PICC line (peripherally inserted central catheter) into R.I., an elderly female patient. Respondent was specially certified to insert PICC lines. Respondent gave R.I. an information booklet about caring for the PICC line. R.I. was to be transferred to another facility, and she asked Respondent questions about a page in the booklet that indicated a clamp might be needed for the PICC line in case of emergencies. Respondent responded in an unprofessional manner stating that she “would like to tear [that page] out of the book!” Later, R.I.’s daughter, D.N., and another visitor arrived in R.I.’s room. D.N. asked Respondent about the need for the clamp for the PICC line in case of emergency. Respondent yelled at her that she would not know what to do with the clamp if she had it. Respondent also told D.N. that she did not like her attitude. D.N. again attempted to clarify about the clamp and Respondent said “Give me the book.” D.N. said “I know you can tear the page out, but that won’t answer my question.”

43. D.N. was visibly upset upon leaving the room and approaching the nurses' station. As Respondent left R.I.'s room and in front of D.N. and fellow staff, Respondent exclaimed in a loud voice something to the effect "that family is crazy, I wash my hands of them!" Respondent appeared very agitated.

44. Karen Grotefend and another nurse walked D.N. back to R.I.'s room and spoke with D.N., R.I., and the other visitor about what had occurred. D.N. and R.I. appeared to be very upset and angry at Respondent. They confirmed the conversations with Respondent that are set forth above, and asserted that Respondent had been hostile and rude toward them and did not treat them with respect. R.I. said that Respondent was so mean to her that she wanted to cry. Afterwards, Respondent told Karen Grotefend that she would not take responsibility for what happened and that she "would not be abused." On or about June 21, 2006, the hospital received a written complaint from D.N. against Respondent about this incident.

45. During the procedure to insert the PICC line, Respondent had to admonish R.I. several times that there was a sterile field and that R.I. should not move. Respondent testified that R.I. was a difficult patient. Respondent explained to R.I. that this particular type of PICC line did not need a clamp. According to Respondent's testimony, there was no improper interaction with R.I. at first. After D.N. arrived and spoke to Respondent, Respondent claimed that D.N. was aggressive and had an improper attitude and cursed at Respondent. Respondent stated that she left the room because she felt the family would not listen to her and that another nurse, perhaps R.I.'s primary care nurse or another, could be more effective with R.I. and D.N. Respondent categorically denies that she said the family was crazy, or that she wanted to "wash her hands of them," stating that the language "wash her hands of them" was language that Grotefend used, not Respondent.

46. Another nurse who was sitting at the nurses' station, Judy Moore, saw Respondent exit the room and heard Respondent say, in an angry tone of voice, that Respondent was done, was not going to deal with the family, and "I wash my hands of this." Judy Moore went to the patient's room with Karen Grotefend to discuss the matter with the family. She did not think that either R.I. or D.N. was unreasonable in the way they described Respondent's actions or statements. Karen Grotefend was also in the area, heard Respondent's remarks, and confirms the events as depicted by R.I. and D.N.

47. Respondent established that there was a personality conflict between her and Karen Grotefend and that it appeared Grotefend held Respondent to a standard that was not used with other nurses. Nevertheless, under all of the circumstances and evidence, the versions of the events as depicted by R.I., D.N., Judy Moore and Grotefend are more credible than Respondent's version.

48. Grotefend prepared a counseling memo concerning these events, with the assistance of Linda Douglas, a manager in the employee relations department. Grotefend and Douglas met with Respondent on July 13, 2006, to discuss the memo and to discharge Respondent from employment at the hospital. Respondent did not sign or write anything on the memo. A short while later, in lieu of her termination, Respondent was permitted to resign from her position at

the hospital.

### Applicable Laws and Regulations

49. Section 2761 states, in pertinent part, that the Board may take disciplinary action against a nurse for:

“(a) Unprofessional conduct, which includes, but is not limited to, the following:

“(1) Incompetence, or gross negligence in carrying out usual certified or licensed nursing functions.

[¶] . . . [¶]

“(d) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violating of, or conspiring to violate any provision or term of this chapter [chapter 6, commencing with section 2700] or regulations adopted pursuant to it.”

50. Section 2762, subdivision (b), states that it is unprofessional conduct for a licensee to use “alcoholic beverages, to an extent or in a manner dangerous or injurious to himself or herself, any other person, or the public or to the extent that such use impairs his or her ability to conduct with safety to the public the practice authorized by his or her license.”

51. California Code of Regulations, title 16, section 1442, defines “gross negligence,” as used in section 2761 of the code, to include “an extreme departure from the standard of care which, under similar circumstances, would have ordinarily been exercised by a competent registered nurse. Such an extreme departure means the repeated failure to provide nursing care as required or failure to provide care or to exercise ordinary precaution in a single situation which the nurse knew, or should have known, could have jeopardized the client’s health or life.”

52. California Code of Regulations, title 16, section 1443, defines “incompetence,” as used in section 2761 of the code, to mean “the lack of possession of or the failure to exercise that degree of learning, skill, care and experience ordinarily possessed and exercised by a competent registered nurse as described in Section 1443.5.”

53. California Code of Regulations, title 16, section 1443.5, states:

“A registered nurse shall be considered to be competent when he or she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:

“(1) Formulates a nursing diagnosis through observation of the client’s physical condition and behavior, and through interpretation of information obtained from the client and others, including the health team.

“(2) Formulates a care plan, in collaboration with the client, which ensures that direct and indirect nursing care services provide for the client's safety, comfort, hygiene, and protection, and for disease prevention and restorative measures.

“(3) Performs skills essential to the kind of nursing action to be taken, explains the health treatment to the client and family and teaches the client and family how to care for the client's health needs.

“(4) Delegates tasks to subordinates based on the legal scopes of practice of the subordinates and on the preparation and capability needed in the tasks to be delegated, and effectively supervises nursing care being given by subordinates.

“(5) Evaluates the effectiveness of the care plan through observation of the client's physical condition and behavior, signs and symptoms of illness, and reactions to treatment and through communication with the client and health team members, and modifies the plan as needed.

“(6) Acts as the client's advocate, as circumstances require, by initiating action to improve health care or to change decisions or activities which are against the interests or wishes of the client, and by giving the client the opportunity to make informed decisions about health care before it is provided.”

54. California Code of Regulations, title 16, section 1444, states, in pertinent part:

“A conviction or act shall be considered to be substantially related to the qualifications, functions or duties of a registered nurse if to a substantial degree it evidences the present or potential unfitness of a registered nurse to practice in a manner consistent with the public health, safety, or welfare. Such convictions or acts shall include but not be limited to the following:

“(a) Assaultive or abusive conduct including, but not limited to, those violations listed in subdivision (d) of Penal Code Section 11160.”

#### Expert Opinion

55. Complainant offered the testimony and reports of Marsha Williamson, R.N., as expert opinion in support of several of the allegations that Respondent violated the statutes and regulations noted above. Based upon her qualifications and the material she relied upon, Williamson was competent to offer such evidence.

56. In several instances, Williamson relied upon versions of events that were not found to be established by the evidence herein. For example, she relied upon the counseling memo alleging Respondent made certain statements about patient M.M., whereas those statements

were not established by the evidence in this hearing. (See Findings 21 through 24.) In another example, Williamson was not aware of the evidence that Respondent had taken the vital signs of patient M.M. numerous times during the night and noted them on a separate sheet, which could not later be found. (See Finding 30.) In such instances, Williamson's expert opinion becomes irrelevant.

57. In other instances, Williamson relied upon an interpretation of evidence that is contrary to that found herein. For example, as to patient M.M., Williamson testified there was no documented evidence in the medical record that Respondent had attempted lesser restrictive alternatives prior to the application of restraints. However, Respondent used the restraint record (Exhibit 33), as required by hospital policy (Exhibit 14), and the numbered list on that form titled "Least Restrictive Alternative," along with the instruction on the form to "List all that apply," to fill in the row 2 of the form titled "Least Restrictive Alternatives Attempted." She filled in the numbers, from the list, for each column on the form covering two-hour intervals.

Williamson also testified there was no documented evidence in the medical record that Respondent followed the hospital policy to monitor the restraint every 15 minutes and record the results every two hours. However, the restraint form also includes written instructions to visually check the patient every 15 minutes and to document the assessment every two hours (in the columns provided). Respondent filled in the columns, every two hours, for line 12, indicating that she had done the required check of skin condition, along with other things.

In such instances, Williamson's expert opinion is entitled to no weight as it is not supported by the evidence.

58. Williamson offered the following opinions that Respondent was incompetent concerning her care of patient M.M., which are accepted or rejected as indicated.

a. In Williamson's opinion, Respondent was incompetent by failing to formulate a nursing diagnosis by a failure to identify the change in M.M.'s respiratory oxygen saturation following the two doses of Ativan. (Exhibit 30, p. 1072.) However, these facts are not alleged in the pleading as a basis for discipline, contrary to the requirement of Government Code section 11503. Therefore, it would be a denial of due process to find any violation based on this opinion.

b. In Williamson's opinion, Respondent was incompetent by failing to formulate a care plan by failing "to comprehend and intervene appropriately during the clinical change in patient's condition and change in patient behaviors." (Exhibit 30, p. 1072.) This opinion is entitled to no weight, as it is found that Respondent attempted less restrictive alternatives than use of restraints and she sufficiently documented those actions.

c. In Williamson's opinion, Respondent was incompetent by failing to perform skills essential to the kind of nursing action to be taken, explain the treatment to the patient and

family and instruct them how to care for the patient's health needs. (Exhibit 30, p. 1072.) This opinion merely paraphrases the language of the regulation (see Finding 53) without reference to specific factual support. As noted above, in several instances the evidence did not support some of the allegations concerning this patient, or was sufficient to establish Respondent sufficiently documented her contacts with the family and her use of least restrictive alternatives (see Findings 21 through 32). This opinion is entitled to no weight.

d. In Williamson's opinion, Respondent was incompetent by failing to evaluate the effectiveness of the care plan. (Exhibit 30, p. 1072.) This opinion merely paraphrases the language of the regulation (see Finding 53) without reference to specific factual support. As noted above, in several instances the evidence did not support some of the allegations concerning this patient, or was sufficient to establish Respondent sufficiently documented her contacts with the family and her use of least restrictive alternatives (see Findings 21 through 32). This opinion is entitled to no weight.

e. In Williamson's opinion, Respondent was incompetent by failing to act as the client's advocate. (Exhibit 30, p. 1073.) As noted above, in several instances the evidence did not support some of the allegations concerning this patient, or was sufficient to establish Respondent sufficiently documented her contacts with the family and her use of least restrictive alternatives (see Findings 21 through 32). This opinion is entitled to no weight.

59. Williamson offered the following opinions that Respondent was grossly negligent concerning her care of patient M.M., which are accepted or rejected as indicated.

a. In Williamson's opinion, Respondent was grossly negligent by administering the second dose of Ativan within 20 minutes of the first dose. (Exhibit 30, p. 1073.) This opinion is supported by the evidence and is accepted.

b. In Williamson's opinion, Respondent was grossly negligent by failing to adequately monitor M.M.'s skin condition such that skin wounds were noted after the change in shift the next morning. (Exhibit 30, p. 1074.) As noted above, in several instances the evidence did not support some of the allegations concerning this patient, or was sufficient to establish Respondent sufficiently monitored the patient and documented those acts (see Findings 21 through 32). This opinion is entitled to no weight.

60. In Williamson's opinion, Respondent was negligent by failing to renew her ACLS certification and failing to notify the hospital that the certification had lapsed. (Exhibit 29, pp. 979 – 980.) In neither her written opinion nor her testimony did Williamson indicate whether this failure to act within the standard of care rose to the level of an extreme departure. Williamson concluded that this negligent action placed patients at risk. This opinion is supported by the evidence and is accepted.

61. In Williamson's opinion, Respondent was incompetent by failing to renew her ACLS certification and failing to notify the hospital that the certification had lapsed, in that Respondent failed to perform essential skills. (Exhibit 29, p. 977.) This opinion is supported by the evidence and is accepted.

62. In Williamson's opinion, Respondent was incompetent by virtue of her inappropriate language with the operator for the doctor's answering service, in that Respondent failed to formulate a nursing diagnosis, failed to communicate with the health team members, and failed to act as the client's advocate. (Exhibit 29, pp. 977 – 978.) There is insufficient basis and explanation for the opinion regarding a nursing diagnosis, and this part of the opinion is entitled to no weight. The other aspects of this opinion are supported by the evidence and are accepted.

63. Williamson offered the following opinions that Respondent was incompetent concerning her care of patient R.I., which are accepted or rejected as indicated.

a. In Williamson's opinion, Respondent was incompetent by failing to formulate a nursing diagnosis by failing to identify the concerns of the patient and family concerning care of the PICC line, and severing responsibility and relationship with them. (Exhibit 31, p. 1180.) There was inadequate evidence to support a relationship between these alleged acts and the conclusion that they demonstrated a failure in nursing diagnosis. This opinion is entitled to no weight.

b. In Williamson's opinion, Respondent was incompetent by failing to formulate a care plan by failing to properly instruct the patient and family on PICC line care and abandoning the patient. (Exhibit 31, p. 1180.) This opinion is supported by the evidence and is accepted.

c. In Williamson's opinion, Respondent was incompetent by failing to perform skills essential to the kind of nursing action to be taken, explain the treatment to the patient and family and instruct them how to care for the patient's health needs, by failing to properly instruct the patient and family on PICC line care. (Exhibit 31, p. 1180.) This opinion is supported by the evidence and is accepted.

d. In Williamson's opinion, Respondent was incompetent by failing to evaluate the effectiveness of the care plan by failing to properly instruct the patient and family on PICC line care. (Exhibit 31, p. 1181.) This opinion is supported by the evidence and is accepted.

e. In Williamson's opinion, Respondent was incompetent by failing act as the client's advocate by failing to properly instruct the patient and family on PICC line care. (Exhibit 31, p. 1181.) This opinion is supported by the evidence and is accepted.

64. In Williamson's opinion, Respondent was negligent by failing to properly communicate with the patient and family concerning the care of the PICC line. In neither her written opinion nor her testimony did Williamson indicate whether this failure to act within the

standard of care rose to the level of an extreme departure. Williamson concluded that this negligent action placed the patient at risk. This opinion is supported by the evidence and is accepted.

#### Other Evidence

65. Other incidents established by the evidence are not alleged in the First Amended Accusation and Second Amended Petition to Revoke Probation but, nevertheless, provide useful information in the nature of circumstances that are aggravating, mitigating, bear on Respondent's credibility and rehabilitation, or otherwise augment the record.

66. Complainant established that several other nurses and staff-persons felt intimidated by Respondent, and some did not want to work on the same care team with her.

67. Respondent established that several other nurses believed she was a caring, knowledgeable nurse who acted professionally and appropriately while working at the hospital. Some of these nurses also believed that Karen Grotefend was more critical of Respondent than she was of others.

68. Respondent's work evaluations were satisfactory, noting that she met expectations in most categories, exceeded expectations in some, and was below expectations in others.

69. Respondent has undergone numerous urine tests and, other than as noted above, has not tested positive for mood-altering drugs. However, she has consistently tested positive for a medication that has been prescribed for her. Respondent did not cooperate with her probation monitor in providing timely information about the doctor's renewals of these prescriptions.

#### The Board's Guidelines

70. The Board has developed written guidelines for license discipline matters, referred to in California Code of Regulations, title 16, section 1445.5, and titled: "Recommended Guidelines for Disciplinary Orders and Conditions of Probation" (rev. 10/02), referred to as the "Guidelines." Under this Regulation, the Board is to consider the Guidelines in reaching decisions in disciplinary matters. The Guidelines include several sections that are relevant to Respondent's case, including recommended penalties for a violation of probation, criteria to evaluate drug and alcohol rehabilitation, and examples of the types of evidence that can be submitted to establish mitigating circumstances.

71. Of significance to Respondent's circumstances, the Guidelines recommend revocation of a license when there is a violation of the conditions of a probationary license, and when there is a second offense "unless the respondent can demonstrate that he/she has been rehabilitated." (Guidelines, page 12.)

72. Under the section titled “Drug/Alcohol Rehabilitation Criteria,” the Guidelines state, at page 14:

“Criteria to be considered in determining rehabilitation for abuse of alcohol or other drug related offenses include, but are not limited to:

“• Successful completion of drug/alcohol treatment program (a minimum of six (6) months duration). The treatment program may be a combined in-patient/out-patient and aftercare. Such a program will include at least the following elements:

- o Chemical-free treatment philosophy
- o Individual and/or group counseling
- o Random, documented biological fluid screening
- o Participation in nurse (or other professionals’) support group(s)
- o Education about addictive disease
- o Adherence to a 12-step recovery program philosophy, or equivalent
- o Written documentation of participation in 12-step recovery groups, or equivalent

“• For registered nurse licensees, employment in nursing for a minimum of six (6) months with documentation (from the employer) that the employer was aware of the previous drug or alcohol abuse problems. Documentation must substantiate that while employed, there was no evidence of continued alcohol or drug use and that the respondent performed nursing functions in a safe and competent manner.

“• For respondents seeking reinstatement of license, employment for a minimum of six (6) months with documentation from the employer that while employed, there was no evidence of alcohol or drug use.”

73. Under the section titled “Mitigation Evidence,” the Guidelines state, at page 15:

“The respondent is permitted to present mitigating circumstances at a hearing. The same opportunity is provided in the settlement process.

“The following documents are examples of appropriate evidence the respondent may submit to demonstrate his or her rehabilitative efforts and nursing competency:

“A) Recent, dated written statements from persons in positions of authority who have on-the-job knowledge of the respondent’s current nursing competence. Each statement should include the period of time and capacity in which the person worked with the respondent and should contain the following sentence at the end: ‘I declare, under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.’ It should be signed by the one making the statement and dated.

“B) Recent, dated letters from counselors regarding respondent’s participation in a rehabilitation or recovery program, where appropriate. These should include a description of

the program, the number of sessions the respondent has attended, the counselor's diagnosis of respondent's condition and current state of rehabilitation (or improvement), the counselor's basis for determining improvement, and the credentials of the counselor.

"C) Recent, dated letters describing respondent's participation in support groups, e.g., Alcoholics Anonymous, Narcotics Anonymous, Nurse Support Groups, etc., where appropriate, and sobriety date.

"D) Recent, dated laboratory analyses or drug screen reports, where appropriate.

"E) Recent, dated performance evaluation(s) from respondent's employer.

"F) Recent, dated physical examination or assessment report by a licensed physician, nurse practitioner, or physician assistant.

"G) Certificates or transcripts of courses related to nursing which respondent may have completed since the date of the violation. An RN whose license has been revoked does not have an RN license and therefore cannot use his or her former license number to obtain continuing education credit/hours or for any other purpose. However, he or she may take continuing education courses so long as an RN license is not used."

74. The Guidelines also suggest, at page 13, that if license is revoked, costs of the prosecution and investigation should be recovered if and when the respondent seeks reinstatement of the license, and at that time the Board may allow a payment plan and/or reduction of the amount of costs.

#### Cost Recovery

75. Section 125.3 states, in pertinent part:

"(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding . . . , upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case."

[¶] . . . [¶]

"(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General."

76. Complainant's claim for costs is in the total amount of \$36,573. The evidence of costs (Exhibits 5 and 6) is summarized as follows:

(a) Attorney General's costs, through April 25, 2007, Deputy Attorneys General, 165.75 hours @ \$158 per hour, sub-total \$26,188.50;

(b) Attorney General's costs, legal assistants, 2.50 hours @ \$101 per hour, sub-total \$252.50;

(c) An estimate of additional costs for a Deputy Attorney General to finish preparing for hearing, 4 hours @ \$158 per hour, sub-total \$632;

(d) Department of Investigation, investigator, 44.5 hours @ \$140 per hour, sub-total \$6,230;

(e) Department of Investigation, investigator, 4 hours @ \$180 per hour, sub-total \$720; and

(f) Expert witness, 34 hours @ \$75 per hour, sub-total \$2,550.

77. Respondent testified that she has been unable to find work since her termination/resignation from the hospital, her husband works two jobs and has had negative affects on his health, and that the family is struggling to pay bills and is selling off assets.

### LEGAL CONCLUSIONS AND DISCUSSION

Based upon the foregoing factual findings, the Administrative Law Judges makes the following legal conclusions:

1. The standard of proof to be used for the Petition to Revoke Probation is by a preponderance of the evidence. (*In re Hunter* (1994) 3 Cal. State Bar Ct. Rptr. 81, 86.) The standard of proof to be used for the proceedings on the First Amended Accusation is "clear and convincing proof to a reasonable certainty." (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853.) This means the burden rests on Complainant to establish the charging allegations in the accusation by proof that is clear, explicit and unequivocal; "so clear as to leave no substantial doubt; sufficiently strong to command the unhesitating assent of every reasonable mind." (Citations omitted) (*In re Marriage of Weaver* (1990) 224 Cal.App.3d 478, 484.)

The standard of clear and convincing proof is greater than the standard of a preponderance of the evidence, and has been described as evidence of such convincing force that it demonstrates, in contrast to the opposing evidence, a high probability of the truth of the facts. (See Basic Approved Jury Instructions (Civil, 8<sup>th</sup> edition), BAJI 2.62.)

2. Cause exists to revoke the Respondent's license probation and reinstate the license revocation that was stayed, for violation of conditions 1, 2, 11, 12 and 14 of that probation, for the reasons set forth in Findings 2 through 9, 11 through 14, 16 through 21, 27 through 29, 33 through 48, 59, 60 through 64, 70 and 71.

3. There was insufficient proof that Respondent violated condition 15 of her probation and some of the other alleged violations of probation were not proven, as set forth in Findings 10, 15, 21 through 26, 30 through 32, 58, 59 and 63.

4. Cause exists to suspend or revoke Respondent's license for violation of section 2761, subdivision (a)(1) (unprofessional conduct in the form of incompetence), for the reasons set forth in Findings 2, 18 through 21, 27 through 29, 33 through 49, 52, 53, 55, and 61 through 63.

5. Some of the alleged acts of unprofessional conduct in the form of incompetence were not proven, for the reasons set forth in Findings 10, 15, 21 through 26, 30 through 32, 56 through 58, 59 and 63.

6. Cause exists to suspend or revoke Respondent's license for violation of section 2761, subdivision (a)(1) (unprofessional conduct in the form of gross negligence), relating to the administration of Ativan, for the reasons set forth in Findings 2, 18, 21, 27 through 29, 49, 51, 55 and 59. Although there was no testimony from the expert that the departure from the standard of care relating to the administration of Ativan was an extreme departure, it was established that it was a failure to exercise ordinary precaution in a situation where the nurse should have known it could have jeopardized the client's health or life. California Code of Regulations, title 16, section 1442 (set forth in Finding 51) defines "gross negligence" as including such a failure.

7. The alleged acts of unprofessional conduct in the form of incompetence relating to the use of restraints were not proven, as set forth in Findings 31, 32, 49, 51, 57 and 59.

8. Cause exists to suspend or revoke Respondent's license for violation of section 2761, subdivision (a)(1) (unprofessional conduct in the form of incompetence for assaultive or abusive conduct) relating to the phone operator and patient R.I., for the reasons set forth in Findings 2, 36 through 41, 49 and 54.

9. The alleged acts of unprofessional conduct in the form of incompetence for assaultive or abusive conduct relating to statements allegedly made about patient M.M. and the restraint of patient M.M. were not proven, for the reasons set forth in Findings 21 through 24, 26, 31, 32, 49 and 54.

10. Cause does not exist to suspend or revoke Respondent's license for violation of section 2762, subdivision (b) (unprofessional conduct in the form of consuming alcoholic beverages). This statute, set forth in Finding 50, requires that, to be a basis for discipline, the use of alcoholic beverages must be to an extent or in a manner that was dangerous or injurious

to herself. There was no evidence that Respondent consumed alcoholic beverages to an extent or in a manner that was dangerous or injurious to herself.

11. Cause exists to suspend or revoke Respondent's license for violation of section 2761, subdivision (a) (unprofessional conduct), due to her failure to comply with the conditions of her probation and continuing to practice after expiration of her ACLS certification, for the reasons set forth in Findings 2 through 9, 11 through 14, 16 through 21, 27 through 29, 33 through 48, 59, 60 through 64, 70 and 71.

12. Cause exists to suspend or revoke Respondent's license for violation of section 2761, subdivision (d) (violating the Act or any regulations thereunder), for the reasons set forth in Legal Conclusions 2, 4, 6, 8 and 11, and the Findings referenced therein.

13. Claimant established that all of the costs claimed are reasonable, except for the estimate of additional time needed to prepare for hearing. There was no explanation of why evidence of the actual costs for that task was not submitted, particularly considering the delay between commencement and completion of the hearing. Therefore, the amount of costs is reduced by \$632, to a total of \$35,941. See Findings 75 through 77.

14. One aspect of cost recovery not covered by the statute is the requirement that "the Board must determine that the [licensee] will be financially able to make later payments." (*Zuckerman v. State Bd. of Chiropractic Examiners* (2002) 29 Cal.4th 32, 45.) The evidence in this matter is exactly to the contrary. Respondent is not financially able to make payments of costs. Under these circumstances, it is appropriate to order that costs should be recovered if and when Respondent seeks reinstatement of the license. See Findings 74 and 77.

15. Respondent has violated both of the probations that the Board previously placed on her license. During her first probation, based in part on a conviction for drunk driving, she relapsed in her recovery plan. The same thing occurred during the transition from her first probation to her second probation. She did not submit the type of evidence suggested by the Guidelines to show rehabilitation from her initial cause for license discipline. During her second probation, she did not take seriously enough the requirements to abstain from alcoholic beverages, submit proof of attendance at AA meetings or undergo a timely mental health examination. At a time when Respondent was aware that her probationary status meant that she should be on her best behavior at the hospital, she nevertheless engaged in a series of acts that were found to constitute inappropriate and unprofessional behavior. Respondent demonstrated a pattern of blaming others for many of these acts. For example, somehow in her view it became her manager's responsibility to make sure Respondent was aware of the importance of maintaining her ACLS certification, and it was the duty of her probation monitors to make sure that the terms of her probations were accomplished satisfactorily. Respondent has not taken sufficient notice of the precarious situation in which she placed herself, nor has she taken responsibility to successfully complete her probation. Further, Respondent did not present evidence of either mitigating circumstances or rehabilitation to avoid the natural consequences of her proven acts.

Under all of the circumstances, the protection of the health, safety and welfare of the people of the State of California can only be assured by the revocation of Respondent's license.

16. Respondent may petition the Board for reinstatement of her license at the appropriate time. (See Business and Professions Code section 2760.1.)

ORDER

WHEREFORE, THE FOLLOWING ORDERS are hereby made:

1. The prior orders revoking Respondent's license, which had been stayed while Respondent was on probation, are reinstated.

2. Registered Nurse license number 518146 issued to Respondent Angelique Michele Rider-Mitchell is revoked.

3. If and when Respondent's license is reinstated, she shall pay to the board costs of enforcement and investigation pursuant to Business and Professions Code section 125.3 in the amount of \$35,941. Respondent shall be permitted to pay these costs in a payment plan approved by the Board. Nothing in this provision shall be construed to prohibit the Board from reducing the amount of cost recovery upon reinstatement of the license.

DATED: September 17, 2007.



DAVID B. ROSENMAN  
Administrative Law Judge  
Office of Administrative Hearings

BILL LOCKYER, Attorney General  
of the State of California  
JENNIFER S. CADY  
Supervising Deputy Attorney General  
NANCY A. KAISER, State Bar No. 192083  
Deputy Attorney General  
California Department of Justice  
300 So. Spring Street, Suite 1702  
Los Angeles, CA 90013  
Telephone: (213) 897-5794  
Facsimile: (213) 897-2804

Attorneys for Complainant

**BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Petition to Revoke Probation  
Against:

Case No. 2000-175

**ANGELIQUE MICHELE  
RIDER-MITCHELL**  
10139 Montgomery Avenue  
North Hills, CA 91343

**PETITION TO REVOKE  
PROBATION**

Registered Nurse License No. 518146

Respondent.

Ruth Ann Terry, M.P.H., R.N. (Complainant) alleges:

**PARTIES**

1. Complainant brings this Petition to Revoke Probation solely in her official capacity as the Executive Officer of the Board of Registered Nursing, Department of Consumer Affairs.

2. On or about December 13, 1995, the Board of Registered Nursing issued Registered Nurse License No. 518146 to Angelique Michele Rider-Mitchell (Respondent). The license was in effect at all times relevant to the charges brought herein, and will expire on April 30, 2007, unless renewed.

///

1 **JURISDICTION**

2 3. This Petition to Revoke Probation is brought before the Board of  
3 Registered Nursing (Board), Department of Consumer Affairs, under the authority of the  
4 following laws. All section references are to the Business and Professions Code unless otherwise  
5 indicated.

6 4. Section 2750 states, in pertinent part:

7 Every certificate holder or licensee, including licensees holding temporary  
8 licenses, or licensees holding licenses placed in an inactive status, may be  
disciplined as provided in this article [article 3, commencing with section 2750].  
9 As used in this article, 'license' includes certificate, registration, or any other  
authorization to engage in the practice regulated by this chapter [chapter 6,  
10 commencing with section 2700].

11 5. Section 2764 states:

12 The lapsing or suspension of a license by operation of law or by order or  
13 decision of the board or a court of law, or the voluntary suspension of a license by  
a licentiate shall not deprive the board of jurisdiction to proceed with any  
14 investigation of or disciplinary proceeding against such license, or to render a  
decision suspending or revoking such license.

15 6. Section 2762 states, in pertinent part:

16 In addition to other acts constituting unprofessional conduct within the  
17 meaning of this chapter [chapter 6, commencing with section 2700], it is  
unprofessional conduct for a person licensed under this chapter to do any of the  
18 following:

19 . . .

20 (b) Use any controlled substance as defined in Division 10 (commencing  
with Section 11000) of the Health and Safety Code, or any dangerous drug or  
21 dangerous device as defined in Section 4022, or alcoholic beverages, to the extent  
or in a manner dangerous or injurious to himself or herself, any other person, or  
22 the public or to the extent that such use impairs his or her ability to conduct with  
safety to the public the practice authorized by his or her license.

23 **PROBATION**

24 7. In a disciplinary action entitled *In the Matter of Accusation and Petition to*  
25 *Revoke Probation Against Angelique M. Rider a.k.a. Angelique Michele Rider*, Case No.  
26 2000-175, the Board of Registered Nursing issued a decision pursuant to a stipulated settlement  
27 and disciplinary order, effective November 14, 2004, in which Respondent's Registered Nurse  
28 License was revoked; however, the revocation was stayed and Respondent's license was placed

on probation for a period of two (2) years with certain terms and conditions. A true and correct copy of that decision is attached as **Exhibit "A"** and is incorporated by reference. The probation included the following terms and conditions:

a. Condition No. 1 [Stipulation, page 4, paragraph 1]

**Obey All Laws.** Respondent shall obey all federal, state and local laws. A full and detailed account of any and all violations of law shall be reported by Respondent to the Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of compliance with this condition, Respondent shall submit completed fingerprint forms and fingerprint fees within 45 days of the effective date of the decision, unless previously submitted as part of the licensure application process.

**Criminal Court Orders:** If Respondent is under criminal court orders, including probation or parole, and the order is violated, this shall be deemed a violation of these probation conditions, and may result in the filing of an accusation and/or petition to revoke probation.

b. Condition No. 2 [Stipulation, page 4, paragraph 2]

**Comply with the Board's Probation Program.** Respondent shall fully comply with the conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the Respondent's compliance with the Board's Probation Program. Respondent shall inform the Board in writing within no more than 15 days of any address change and shall at all times maintain an active, current license status with the Board, including during any period of suspension.

Upon successful completion of probation, Respondent's license shall be fully restored.

c. Condition No. 11 [Stipulation, page 8, paragraph 11]

**Participate in Treatment/Rehabilitation Program for Chemical Dependence.** Respondent, at her expense, shall successfully complete during the probationary period or shall have successfully completed prior to commencement of probation a Board-approved treatment/rehabilitation program of at least six months duration. As required, reports shall be submitted by the program on forms provided by the Board. If Respondent has not completed a Board-approved treatment/rehabilitation program prior to commencement of probation, Respondent, within 45 days from the effective date of the decision, shall be enrolled in a program. If a program is not successfully completed within the first nine months of probation, the Board shall consider Respondent in violation of probation.

Based on Board recommendation, each week Respondent shall be required to attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed by the Board. If a nurse support group is not available, an additional 12-step meeting or equivalent shall be added.

Respondent shall submit dated and signed documentation confirming such attendance to the Board during the entire period of probation. Respondent shall continue with the recovery plan recommended by the treatment/rehabilitation program or a licensed mental health examiner and/or other ongoing recovery groups.

d. Condition No. 12 [Stipulation, page 8, paragraph 12]

**Abstain from Use of Psychotropic (Mood-Altering) Drugs.** Respondent shall completely abstain from the possession, injection or consumption by any route of all psychotropic (mood altering) drugs, including alcohol, except when the same are ordered by a health care professional legally authorized to do so as part of documented medical treatment. Respondent shall have sent to the Board, in writing and within fourteen (14) days, by the prescribing health professional, a report identifying the medication, dosage, the date the medication was prescribed, the Respondent's prognosis, the date the medication will no longer be required, and the effect on the recovery plan, if appropriate.

Respondent shall identify for the board a single physician, nurse practitioner or physician assistant who shall be aware of Respondent's history of substance abuse and will coordinate and monitor any prescriptions for Respondent for dangerous drugs, controlled substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician assistant shall report to the Board on a quarterly basis Respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of any such substances.

The Board may require the single coordinating physician, nurse practitioner, or physician assistant to be a specialist in addictive medicine, or to consult with a specialist in addictive medicine.

e. Condition No. 14 [Stipulation, page 10, paragraph 14]

**Mental Health Examination.** Respondent shall, within 45 days of the effective date of this Decision, have a mental health examination including psychological testing as appropriate to determine her capability to perform the duties of a registered nurse. The examination will be performed by a psychiatrist, psychologist or other licensed mental health practitioner approved by the Board. The examining mental health practitioner will submit a written report of that assessment and recommendations to the Board. All costs are the responsibility of Respondent. Recommendations for treatment, therapy or counseling made as a result of the mental health examination will be instituted and followed by Respondent.

If Respondent is determined to be unable to practice safely as a registered nurse, the licensed mental health care practitioner making this determination shall immediately notify the Board and Respondent by telephone, and the Board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and may not resume practice until notified by the Board. During this period of suspension, Respondent shall not engage in any practice for which a license issued by the Board is required, until the Board has notified Respondent that a mental health determination permits Respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

1 If Respondent fails to have the above assessment submitted to the Board  
2 within the 45-day requirement, Respondent shall immediately cease practice and  
3 shall not resume practice until notified by the Board. This period of suspension  
4 will not apply to the reduction of this probationary time period. The Board may  
5 waive or postpone this suspension only if significant, documented evidence of  
mitigation is provided. Such evidence must establish good faith efforts by  
Respondent to obtain the assessment, and a specific date for compliance must be  
provided. Only one such waiver or extension may be permitted.

6 f. Condition No. 15 [Stipulation, page 11, paragraph 15]

7 **Therapy or Counseling Program.** Respondent, at her expense, shall  
8 participate in an on-going counseling program until such time as the Board  
9 releases her from this requirement and only upon the recommendation of the  
counselor. Written progress reports from the counselor will be required at various  
intervals.

#### 10 **GROUND FOR REVOKING PROBATION**

11 8. Grounds exist for revoking probation and reimposing the order of  
12 revocation of Respondent's license in that she failed to comply with the following probation  
13 conditions:

#### 14 **FIRST CAUSE TO REVOKE PROBATION**

##### 15 **(Failure to Obey All Laws)**

16 9. Respondent's probation is subject to revocation because she failed to  
17 comply with Probation Condition 1 (Obey All Laws), in that she failed to obey all laws, in that  
18 she violated section 2762, subdivision (b), by consuming an alcoholic beverage to an extent or in  
19 a manner dangerous or injurious to herself, as follows:

20 a. On or about October 12, 2004, Respondent tested positive for ethanol  
21 (alcohol).

22 b. Respondent consumed alcohol in November 2004, which she admitted to  
23 a probation monitor with the Board.

#### 24 **SECOND CAUSE TO REVOKE PROBATION**

##### 25 **(Failure to Comply with Board's Probation Program)**

26 10. Respondent's probation is subject to revocation because she failed to  
27 comply with Probation Condition 2 (Comply with Board's Probation Program), in that she failed  
28

1 to cooperate with Board staff in its monitoring and investigating Respondent's compliance with  
2 the Probation Program, as set forth in paragraphs 11 through 14, below.

3 **THIRD CAUSE TO REVOKE PROBATION**

4 **(Failure to Participate in Treatment/Rehabilitation Program)**

5 11. Respondent's probation is subject to revocation because she failed to  
6 comply with Probation Condition 11 (Participate in Treatment/Rehabilitation Program), in that  
7 she failed to provide evidence that she has actively participated in 12-step recovery meetings and  
8 nurse support group meetings, as required.

9 **FOURTH CAUSE TO REVOKE PROBATION**

10 **(Failed to Abstain from Possession and Use of Mood-Altering Substances)**

11 12. Respondent's probation is subject to revocation because she failed to  
12 comply with Probation Condition 12 (Abstain From Use of Psychotropic (Mood-Altering  
13 Drugs), as follows:

14 a. On or about October 12, 2004, Respondent tested positive for ethanol  
15 (alcohol).

16 b. Respondent consumed alcohol in November 2004, which she admitted to  
17 a probation monitor with the Board.

18 **FIFTH CAUSE TO REVOKE PROBATION**

19 **(Failure to Submit to a Mental Health Examination)**

20 13. Respondent's probation is subject to revocation because she failed to  
21 comply with Probation Condition 14 (Mental Health Examination), in that she failed to submit  
22 evidence of a mental health examination.

23 **SIXTH CAUSE TO REVOKE PROBATION**

24 **(Failure to Comply with Therapy or Counseling Program)**

25 14. Respondent's probation is subject to revocation because she failed to  
26 comply with Probation Condition 15 (Therapy or Counseling Program), in that she failed to  
27 submit evidence of therapy or counseling.

28 ///


1 **PRAYER**

2 WHEREFORE, Complainant requests that a hearing be held on the matters herein  
3 alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

4 1. Revoking the probation that was granted by the Board of Registered  
5 Nursing in Case No. 2000-175 and imposing the disciplinary order that was stayed, thereby  
6 revoking Registered Nurse License No. 518146 issued to Angelique Michele Rider-Mitchell; and

7 2. Taking such other and further action as deemed necessary and proper.

8 DATED: 11/8/06

9   
10 RUTH ANN TERRY, M.P.H., R.N.  
11 Executive Officer  
12 Board of Registered Nursing  
13 Department of Consumer Affairs  
14 State of California  
15 Complainant  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**Exhibit A**  
**Decision and Order**  
**Board of Registered Nursing Case No. 2000-175**

BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation and Petition  
to Revoke Probation Against:

ANGELIQUE MICHELE RIDER-MITCHELL  
10925 Bluffside Drive, #208  
Studio City, CA 91604

Registered Nurse License No. 518146

Respondent

Case No. 2000-175

**DECISION AND ORDER**

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Registered Nursing, Department of Consumer Affairs, as it's Decision in the above entitled matter.

This Decision shall become effective on November 14, 2004.

IT IS SO ORDERED October 15, 2004.

*Sandra R. Erickson*

President  
Board of Registered Nursing  
Department of Consumer Affairs  
State of California

1 BILL LOCKYER, Attorney General  
of the State of California  
2 CHRISTINA M. THOMAS, State Bar No. 171168  
Deputy Attorney General  
3 California Department of Justice  
300 So. Spring Street, Suite 1702  
4 Los Angeles, CA 90013  
Telephone: (213) 897-2557  
5 Facsimile: (213) 897-2804

6 Attorneys for Complainant

7  
8 **BEFORE THE**  
9 **BOARD OF REGISTERED NURSING**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

11 In the Matter of the Accusation and Petition to  
12 Revoke Probation Against:

Case No. 2000-175

13 ANGELIQUE MICHELE RIDER-MITCHELL  
10925 Bluffside Drive, #208  
14 Studio City, CA 91604

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

15 Registered Nurse License No. 518146

16 Respondent.

17  
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the  
19 above-entitled proceedings that the following matters are true:  
20

21 **PARTIES**

22 1. Ruth Ann Terry, M.P.H., R.N. (Complainant) is the Executive Officer of  
23 the Board of Registered Nursing. She brought this action solely in her official capacity and is  
24 represented in this matter by Bill Lockyer, Attorney General of the State of California, by  
25 Christina M. Thomas, Deputy Attorney General.

26 2. Respondent Angelique Michele Rider-Mitchell (Respondent) is  
27 represented in this proceeding by attorney A. Irving Osser, whose address is 50 N.  
28 La Cienega Blvd., #200, Beverly Hills, CA 90211.

3. On or about December 13, 1995, the Board of Registered Nursing issued Registered Nurse License No. 518146 to Angelique Michele Rider-Mitchell (Respondent). The License was in full force and effect at all times relevant to the charges brought in Accusation and Petition to Revoke Probation No. 2000-175 and will expire on April 30, 2005, unless renewed.

## JURISDICTION

4. Accusation and Petition to Revoke Probation No. 2000-175 was filed before the Board of Registered Nursing (Board), Department of Consumer Affairs, and is currently pending against Respondent. The Accusation and Petition to Revoke Probation and all other statutorily required documents were properly served on Respondent on March 5, 2004. Respondent timely filed her Notice of Defense contesting the Accusation and Petition to Revoke Probation. A copy of Accusation and Petition to Revoke Probation No. 2000-175 is attached as Exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation and Petition to Revoke Probation No. 2000-175. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation and Petition to Revoke Probation; the right to be represented by counsel at her own expense; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

///

1 CULPABILITY

2 8. Respondent admits the truth of each and every charge and allegation in  
3 Accusation and Petition to Revoke Probation No. 2000-175.

4 9. Respondent agrees that her Registered Nurse License is subject to  
5 discipline and she agrees to be bound by the Board's imposition of discipline as set forth in the  
6 Disciplinary Order below.

7 CONTINGENCY

8 10. This stipulation shall be subject to approval by the Board of Registered  
9 Nursing. Respondent understands and agrees that counsel for Complainant and the staff of the  
10 Board of Registered Nursing may communicate directly with the Board regarding this stipulation  
11 and settlement, without notice to or participation by Respondent. By signing the stipulation,  
12 Respondent understands and agrees that she may not withdraw her agreement or seek to rescind  
13 the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt  
14 this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall  
15 be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action  
16 between the parties, and the Board shall not be disqualified from further action by having  
17 considered this matter.

18 11. The parties understand and agree that facsimile copies of this Stipulated  
19 Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same  
20 force and effect as the originals.

21 12. In consideration of the foregoing admissions and stipulations, the parties  
22 agree that the Board may, without further notice or formal proceeding, issue and enter the  
23 following Disciplinary Order:

24 DISCIPLINARY ORDER

25 IT IS HEREBY ORDERED that Registered Nurse License No. 518146 issued to  
26 Respondent Angelique Michele Rider-Mitchell is revoked. However, the revocation is stayed  
27 and Respondent is placed on probation for two (2) years on the following terms and conditions.

28 ///

1           **Severability Clause.** Each condition of probation contained herein is a separate  
2 and distinct condition. If any condition of this Order, or any application thereof, is declared  
3 unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other  
4 applications thereof, shall not be affected. Each condition of this Order shall separately be valid  
5 and enforceable to the fullest extent permitted by law.

6           1.       **Obey All Laws.** Respondent shall obey all federal, state and local laws.  
7 A full and detailed account of any and all violations of law shall be reported by Respondent to  
8 the Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of  
9 compliance with this condition, Respondent shall submit completed fingerprint forms and  
10 fingerprint fees within 45 days of the effective date of the decision, unless previously submitted  
11 as part of the licensure application process.

12           **Criminal Court Orders:** If Respondent is under criminal court orders, including  
13 probation or parole, and the order is violated, this shall be deemed a violation of these probation  
14 conditions, and may result in the filing of an accusation and/or petition to revoke probation.

15           2.       **Comply with the Board's Probation Program.** Respondent shall fully  
16 comply with the conditions of the Probation Program established by the Board and cooperate  
17 with representatives of the Board in its monitoring and investigation of the Respondent's  
18 compliance with the Board's Probation Program. Respondent shall inform the Board in writing  
19 within no more than 15 days of any address change and shall at all times maintain an active,  
20 current license status with the Board, including during any period of suspension.

21           Upon successful completion of probation, Respondent's license shall be fully  
22 restored.

23           3.       **Report in Person.** Respondent, during the period of probation, shall  
24 appear in person at interviews/meetings as directed by the Board or its designated  
25 representatives.

26           4.       **Residency, Practice, or Licensure Outside of State.** Periods of  
27 residency or practice as a registered nurse outside of California shall not apply toward a reduction  
28 of this probation time period. Respondent's probation is tolled, if and when she resides outside

1 of California. Respondent must provide written notice to the Board within 15 days of any change  
2 of residency or practice outside the state, and within 30 days prior to re-establishing residency or  
3 returning to practice in this state.

4 Respondent shall provide a list of all states and territories where she has ever been  
5 licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further  
6 provide information regarding the status of each license and any changes in such license status  
7 during the term of probation. Respondent shall inform the Board if she applies for or obtains a  
8 new nursing license during the term of probation.

9           **5. Submit Written Reports.** Respondent, during the period of probation,  
10 shall submit or cause to be submitted such written reports/declarations and verification of actions  
11 under penalty of perjury, as required by the Board. These reports/declarations shall contain  
12 statements relative to Respondent's compliance with all the conditions of the Board's Probation  
13 Program. Respondent shall immediately execute all release of information forms as may be  
14 required by the Board or its representatives.

15 Respondent shall provide a copy of this Decision to the nursing regulatory agency  
16 in every state and territory in which she has a registered nurse license.

17           **6. Function as a Registered Nurse.** Respondent, during the period of  
18 probation, shall engage in the practice of registered nursing in California for a minimum of 24  
19 hours per week for 6 consecutive months or as determined by the Board.

20 For purposes of compliance with the section, "engage in the practice of registered  
21 nursing" may include, when approved by the Board, volunteer work as a registered nurse, or  
22 work in any non-direct patient care position that requires licensure as a registered nurse.

23 The Board may require that advanced practice nurses engage in advanced practice  
24 nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the  
25 Board.

26 If Respondent has not complied with this condition during the probationary term,  
27 and Respondent has presented sufficient documentation of her good faith efforts to comply with  
28 this condition, and if no other conditions have been violated, the Board, in its discretion, may

1 grant an extension of Respondent's probation period up to one year without further hearing in  
2 order to comply with this condition. During the one year extension, all original conditions of  
3 probation shall apply.

4               7.     **Employment Approval and Reporting Requirements.** Respondent  
5 shall obtain prior approval from the Board before commencing or continuing any employment,  
6 paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all  
7 performance evaluations and other employment related reports as a registered nurse upon request  
8 of the Board.

9               Respondent shall provide a copy of this Decision to her employer and immediate  
10 supervisors prior to commencement of any nursing or other health care related employment.

11              In addition to the above, Respondent shall notify the Board in writing within  
12 seventy-two (72) hours after she obtains any nursing or other health care related employment.  
13 Respondent shall notify the Board in writing within seventy-two (72) hours after she is  
14 terminated or separated, regardless of cause, from any nursing, or other health care related  
15 employment with a full explanation of the circumstances surrounding the termination or  
16 separation.

17              8.     **Supervision.** Respondent shall obtain prior approval from the Board  
18 regarding Respondent's level of supervision and/or collaboration before commencing or  
19 continuing any employment as a registered nurse, or education and training that includes patient  
20 care.

21              Respondent shall practice only under the direct supervision of a registered nurse  
22 in good standing (no current discipline) with the Board of Registered Nursing, unless alternative  
23 methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician)  
24 are approved.

25              Respondent's level of supervision and/or collaboration may include, but is not  
26 limited to the following:

27              (a)   Maximum - The individual providing supervision and/or collaboration is  
28 present in the patient care area or in any other work setting at all times.

1 (b) Moderate - The individual providing supervision and/or collaboration is in  
2 the patient care unit or in any other work setting at least half the hours Respondent works.

3 (c) Minimum - The individual providing supervision and/or collaboration has  
4 person-to-person communication with Respondent at least twice during each shift worked.

5 (d) Home Health Care - If Respondent is approved to work in the home health  
6 care setting, the individual providing supervision and/or collaboration shall have person-to-  
7 person communication with Respondent as required by the Board each work day. Respondent  
8 shall maintain telephone or other telecommunication contact with the individual providing  
9 supervision and/or collaboration as required by the Board during each work day. The individual  
10 providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-  
11 site visits to patients' homes visited by Respondent with or without Respondent present.

12 9. **Employment Limitations.** Respondent shall not work for a nurse's  
13 registry, in any private duty position as a registered nurse, a temporary nurse placement agency, a  
14 traveling nurse, or for an in-house nursing pool.

15 Respondent shall not work for a licensed home health agency as a visiting nurse  
16 unless the registered nursing supervision and other protections for home visits have been  
17 approved by the Board. Respondent shall not work in any other registered nursing occupation  
18 where home visits are required.

19 Respondent shall not work in any health care setting as a supervisor of registered  
20 nurses. The Board may additionally restrict Respondent from supervising licensed vocational  
21 nurses and/or unlicensed assistive personnel on a case-by-case basis.

22 Respondent shall not work as a faculty member in an approved school of nursing  
23 or as an instructor in a Board approved continuing education program.

24 Respondent shall work only on a regularly assigned, identified and predetermined  
25 worksite(s) and shall not work in a float capacity.

26 If Respondent is working or intends to work in excess of 40 hours per week, the  
27 Board may request documentation to determine whether there should be restrictions on the hours  
28 of work.

1                   10.     **Complete a Nursing Course(s).** Respondent, at her own expense, shall  
2 enroll and successfully complete a course(s) relevant to the practice of registered nursing no later  
3 than six months prior to the end of her probationary term.

4                   Respondent shall obtain prior approval from the Board before enrolling in the  
5 course(s). Respondent shall submit to the Board the original transcripts or certificates of  
6 completion for the above required course(s). The Board shall return the original documents to  
7 Respondent after photocopying them for its records.

8                   11.     **Participate in Treatment/Rehabilitation Program for Chemical**  
9 **Dependence.** Respondent, at her expense, shall successfully complete during the probationary  
10 period or shall have successfully completed prior to commencement of probation a Board-  
11 approved treatment/rehabilitation program of at least six months duration. As required, reports  
12 shall be submitted by the program on forms provided by the Board. If Respondent has not  
13 completed a Board-approved treatment/rehabilitation program prior to commencement of  
14 probation, Respondent, within 45 days from the effective date of the decision, shall be enrolled in  
15 a program. If a program is not successfully completed within the first nine months of probation,  
16 the Board shall consider Respondent in violation of probation.

17                  Based on Board recommendation, each week Respondent shall be required to  
18 attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics  
19 Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed  
20 by the Board. If a nurse support group is not available, an additional 12-step meeting or  
21 equivalent shall be added. Respondent shall submit dated and signed documentation confirming  
22 such attendance to the Board during the entire period of probation. Respondent shall continue  
23 with the recovery plan recommended by the treatment/rehabilitation program or a licensed  
24 mental health examiner and/or other ongoing recovery groups.

25                  12.     **Abstain from Use of Psychotropic (Mood-Altering) Drugs.** Respondent  
26 shall completely abstain from the possession, injection or consumption by any route of all  
27 psychotropic (mood altering) drugs, including alcohol, except when the same are ordered by a  
28 health care professional legally authorized to do so as part of documented medical treatment.

1 Respondent shall have sent to the Board, in writing and within fourteen (14) days, by the  
2 prescribing health professional, a report identifying the medication, dosage, the date the  
3 medication was prescribed, the Respondent's prognosis, the date the medication will no longer  
4 be required, and the effect on the recovery plan, if appropriate.

5 Respondent shall identify for the Board a single physician, nurse practitioner or  
6 physician assistant who shall be aware of Respondent's history of substance abuse and will  
7 coordinate and monitor any prescriptions for Respondent for dangerous drugs, controlled  
8 substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician  
9 assistant shall report to the Board on a quarterly basis Respondent's compliance with this  
10 condition. If any substances considered addictive have been prescribed, the report shall identify a  
11 program for the time limited use of any such substances.

12 The Board may require the single coordinating physician, nurse practitioner, or  
13 physician assistant to be a specialist in addictive medicine, or to consult with a specialist in  
14 addictive medicine.

15 **13. Submit to Tests and Samples.** Respondent, at her expense, shall  
16 participate in a random, biological fluid testing or a drug screening program which the Board  
17 approves. The length of time and frequency will be subject to approval by the Board.  
18 Respondent is responsible for keeping the Board informed of Respondent's current telephone  
19 number at all times. Respondent shall also ensure that messages may be left at the telephone  
20 number when she is not available and ensure that reports are submitted directly by the testing  
21 agency to the Board, as directed. Any confirmed positive finding shall be reported immediately  
22 to the Board by the program and Respondent shall be considered in violation of probation.

23 In addition, Respondent, at any time during the period of probation, shall fully  
24 cooperate with the Board or any of its representatives, and shall, when requested, submit to such  
25 tests and samples as the Board or its representatives may require for the detection of alcohol,  
26 narcotics, hypnotics, dangerous drugs, or other controlled substances.

27 If Respondent has a positive drug screen for any substance not legally authorized  
28 and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the

1 Board files a petition to revoke probation or an accusation, the Board may suspend Respondent  
2 from practice pending the final decision on the petition to revoke probation or the accusation.  
3 This period of suspension will not apply to the reduction of this probationary time period.

4 If Respondent fails to participate in a random, biological fluid testing or drug  
5 screening program within the specified time frame, Respondent shall immediately cease practice  
6 and shall not resume practice until notified by the Board. After taking into account documented  
7 evidence of mitigation, if the Board files a petition to revoke probation or an accusation, the  
8 Board may suspend Respondent from practice pending the final decision on the petition to  
9 revoke probation or the accusation. This period of suspension will not apply to the reduction of  
10 this probationary time period.

11 14. **Mental Health Examination.** Respondent shall, within 45 days of the  
12 effective date of this Decision, have a mental health examination including psychological testing  
13 as appropriate to determine her capability to perform the duties of a registered nurse. The  
14 examination will be performed by a psychiatrist, psychologist or other licensed mental health  
15 practitioner approved by the Board. The examining mental health practitioner will submit a  
16 written report of that assessment and recommendations to the Board. All costs are the  
17 responsibility of Respondent. Recommendations for treatment, therapy or counseling made as a  
18 result of the mental health examination will be instituted and followed by Respondent.

19 If Respondent is determined to be unable to practice safely as a registered nurse,  
20 the licensed mental health care practitioner making this determination shall immediately notify  
21 the Board and Respondent by telephone, and the Board shall request that the Attorney General's  
22 office prepare an accusation or petition to revoke probation. Respondent shall immediately cease  
23 practice and may not resume practice until notified by the Board. During this period of  
24 suspension, Respondent shall not engage in any practice for which a license issued by the Board  
25 is required, until the Board has notified Respondent that a mental health determination permits  
26 Respondent to resume practice. This period of suspension will not apply to the reduction of this  
27 probationary time period.

28 ///

1           If Respondent fails to have the above assessment submitted to the Board within  
2 the 45-day requirement, Respondent shall immediately cease practice and shall not resume  
3 practice until notified by the Board. This period of suspension will not apply to the reduction of  
4 this probationary time period. The Board may waive or postpone this suspension only if  
5 significant, documented evidence of mitigation is provided. Such evidence must establish good  
6 faith efforts by Respondent to obtain the assessment, and a specific date for compliance must be  
7 provided. Only one such waiver or extension may be permitted.

8           **15. Therapy or Counseling Program.** Respondent, at her expense, shall  
9 participate in an on-going counseling program until such time as the Board releases her from this  
10 requirement and only upon the recommendation of the counselor. Written progress reports from  
11 the counselor will be required at various intervals.

12           **16. Violation of Probation.** If Respondent violates the conditions of her  
13 probation, the Board after giving Respondent notice and an opportunity to be heard, may set  
14 aside the stay order and impose the stayed discipline (revocation/suspension) of Respondent's  
15 license.

16           If during the period of probation, an accusation or petition to revoke probation has  
17 been filed against Respondent's license or the Attorney General's Office has been requested to  
18 prepare an accusation or petition to revoke probation against Respondent's license, the  
19 probationary period shall automatically be extended and shall not expire until the accusation or  
20 petition has been acted upon by the Board.

21           **17. License Surrender.** During Respondent's term of probation, if she ceases  
22 practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of  
23 probation, Respondent may surrender her license to the Board. The Board reserves the right to  
24 evaluate Respondent's request and to exercise its discretion whether to grant the request, or to  
25 take any other action deemed appropriate and reasonable under the circumstances, without  
26 further hearing. Upon formal acceptance of the tendered license and wall certificate, Respondent  
27 will no longer be subject to the conditions of probation.

28 ///

1 Surrender of Respondent's license shall be considered a disciplinary action and  
2 shall become a part of Respondent's license history with the Board. A registered nurse whose  
3 license has been surrendered may petition the Board for reinstatement no sooner than the  
4 following minimum periods from the effective date of the disciplinary decision:

5 (1) Two years for reinstatement of a license that was surrendered for any  
6 reason other than a mental or physical illness; or

7 (2) One year for a license surrendered for a mental or physical illness.  
8

9 ACCEPTANCE


10 I have carefully read the above Stipulated Settlement and Disciplinary Order and  
11 have fully discussed it with my attorney, A. Irving Osser. I understand the stipulation and the  
12 effect it will have on my Registered Nurse License. I enter into this Stipulated Settlement and  
13 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
14 Decision and Order of the Board of Registered Nursing.  
15

16 DATED: 4/10/04

17  
18   
19 ANGELIQUE MICHELE RIDER-MITCHELL  
20 Respondent

21 I have read and fully discussed with Respondent Angelique Michele  
22 Rider-Mitchell the terms and conditions and other matters contained in the above Stipulated  
23 Settlement and Disciplinary Order. I approve its form and content.  
24

25 DATED: 4/14/04

26  
27   
28 A. IRVING OSSER  
Attorney for Respondent

1 ENDORSEMENT

2 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
3 submitted for consideration by the Board of Registered Nursing of the Department of Consumer  
4 Affairs.

5  
6 DATED: 4/22/09

7 BILL LOCKYER, Attorney General  
8 of the State of California

9 

10 CHRISTINA M. THOMAS  
11 Deputy Attorney General

Attorneys for Complainant

12 DOJ DN: 03579110-LA2003600872

**Exhibit A**

**Accusation and Petition to Revoke Probation No. 2000-175**

1 BILL LOCKYER, Attorney General  
of the State of California  
2 CHRISTINA M. THOMAS, State Bar No. 171168  
Deputy Attorney General  
3 California Department of Justice  
300 So. Spring Street, Suite 1702  
4 Los Angeles, CA 90013  
Telephone: (213) 897-2557  
5 Facsimile: (213) 897-2804  
6 Attorneys for Complainant

7  
8 **BEFORE THE**  
9 **BOARD OF REGISTERED NURSING**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

11 In the Matter of the Accusation and Petition to  
Revoke Probation Against:

12 ANGELIQUE MICHELE RIDER-MITCHELL  
13 10925 Bluffside Drive, #208  
14 Studio City, CA 91604

15 Registered Nurse License No. 518146

16 Respondent.

Case No. 2000-175

**ACCUSATION AND  
PETITION TO REVOKE  
PROBATION**

17 Complainant alleges:

18 **PARTIES**

19 1. Ruth Ann Terry, M.P.H., R.N. (Complainant) brings this Accusation and  
20 Petition to Revoke Probation solely in her official capacity as the Executive Officer of the Board  
21 of Registered Nursing, Department of Consumer Affairs.

22 2. On or about December 13, 1995, the Board of Registered Nursing issued  
23 Registered Nurse License No. 518146 to Angelique Michele Rider-Mitchell (Respondent). The  
24 license was in effect at all times relevant to the charges brought herein, and will expire on  
25 April 30, 2005, unless renewed.

26 3. Effective November 19, 2001, the Registered Nursing Board placed  
27 Respondent's nursing license on probation for three (3) years discipline against Respondent is  
28 based on an accusation filed against her on May 17, 2000. The Accusation was filed as a result

1 of Respondent's plea of nolo contendere to violation of Vehicle Code section 23152 (b) (driving  
2 with blood alcohol content of .08% or more, a misdemeanor) and to violation of Vehicle Code  
3 section 23103 (a) (reckless driving, a misdemeanor).

4 Pursuant to Stipulated Settlement and Disciplinary Order No. 2000-175, the  
5 probation term is set to expire at midnight on November 10, 2004.

6  
7 JURISDICTION

8 4. This Accusation is brought before the Board of Registered Nursing  
9 (Board), Department of Consumer Affairs, under the authority of the following laws. All section  
10 references are to the Business and Professions Code unless otherwise indicated.

11 5. Section 2750 states, in pertinent part:

12 "Every certificate holder or licensee, including licensees holding temporary  
13 licenses, or licensees holding licenses placed in an inactive status, may be disciplined as provided  
14 in this article [article 3, commencing with section 2750]. As used in this article, 'license' includes  
15 certificate, registration, or any other authorization to engage in the practice regulated by this  
16 chapter [chapter 6, commencing with section 2700]."

17 6. Section 2764 states:

18 "The lapsing or suspension of a license by operation of law or by order or decision  
19 of the board or a court of law, or the voluntary suspension of a license by a licensee shall not  
20 deprive the board of jurisdiction to proceed with any investigation of or disciplinary proceeding  
21 against such license, or to render a decision suspending or revoking such license."

22 7. Section 2761 states, in pertinent part:

23 "The board may take disciplinary action against a certified or licensed nurse or  
24 deny an application for a certificate or license for any of the following:

25 "(a) Unprofessional conduct,

26 ....

27 ///

28 ///

1           "(d) Violating or attempting to violate, directly or indirectly, or assisting in or  
2 abetting the violating of, or conspiring to violate any provision or term of this chapter [chapter 6,  
3 commencing with section 2700] or regulations adopted pursuant to it."

4           8.       Section 2762 states, in pertinent part:

5           "In addition to other acts constituting unprofessional conduct within the meaning  
6 of this chapter [chapter 6, commencing with section 2700], it is unprofessional conduct for a  
7 person licensed under this chapter to do any of the following:

8           "(a) Obtain or possess in violation of law, or prescribe, or except as directed by a  
9 licensed physician and surgeon, dentist, or podiatrist, administer to himself or herself, or furnish  
10 or administer to another, any controlled substance as defined in Division 10 (commencing with  
11 Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as  
12 defined in Section 4022.

13           "(b) Use any controlled substance as defined in Division 10 (commencing with  
14 Section 11000) of the Health and Safety Code, or any dangerous drug or dangerous device as  
15 defined in Section 4022, or alcoholic beverages, to an extent or in a manner dangerous or  
16 injurious to himself or herself, any other person, or the public or to the extent that such use  
17 impairs his or her ability to conduct with safety to the public the practice authorized by his or her  
18 license."

19           9.       Health and Safety Code section 11170 states that "[n]o person shall  
20 prescribe, administer, or furnish a controlled substance for himself."

21           10.      Section 125.3, subdivision (a), states, in pertinent part:

22           "Except as otherwise provided by law, in any order issued in resolution of a  
23 disciplinary proceeding before any board within the department . . . the board may request the  
24 administrative law judge to direct a licentiate found to have committed a violation or violations  
25 of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
26 enforcement of the case."

27    ///

28    ///

1                                    CONTROLLED SUBSTANCE / DANGEROUS DRUG

2                    11.      Cocaine, and any cocaine base, is a narcotic drug according to Health and  
3      Safety Code section 11019. It is a Schedule I controlled substance, as designated in Health and  
4      Safety Code section 11054 (f)(1), and a Schedule II controlled substance, as designated in Health  
5      and Safety Code section 11055 (b)(6).

6                                    PRIOR DISCIPLINE

7                    12.      In a disciplinary action entitled "In the Matter of Accusation and Petition  
8      to Revoke Probation Against Angelique M. Rider aka Angelique Michele Rider," Case No.  
9      2000-175, the Board of Registered Nursing, issued a decision, effective November 19, 2001, in  
10     which Respondent's Registered Nurse License was revoked. However, the revocation was stayed  
11     and Respondent's license was placed on probation for a period of three (3) years with certain  
12     terms and conditions. A copy of that decision is attached as Exhibit A and is incorporated by  
13     reference.

14                    The terms and conditions include:

15                    "(1)      OBEY ALL LAWS

16                    Respondent shall obey all federal, state and local laws. A full and detailed account of any  
17     and all violations of law shall be reported by the respondent to the Board in writing within  
18     seventy-two (72) hours of occurrence. To permit monitoring of compliance with this term,  
19     respondent shall submit completed fingerprint cards and fingerprint fees within 45 days of the  
20     effective date of the decision, unless previously submitted as part of the licensure application  
21     process. Respondent shall submit a recent 2" x 2" photograph of herself within 45 days of the  
22     effective date of the final decision."

23                    "(2)      COMPLY WITH PROBATION PROGRAM

24                    Respondent shall fully comply with the terms and conditions of the Probation Program  
25     established by the Board and cooperate with representatives of the Board in its monitoring and  
26     investigation of the respondent's compliance with the Probation Program. Respondent shall  
27     inform the Board in writing within no more than 15 days of any address change and shall at all

28     ///

1 times maintain an active, current license status with the Board, including during any period of  
2 suspension."

3 "(15) **ABSTAIN FROM USE OF PSYCHOTROPIC (MOOD-ALTERING)**  
4 **DRUGS**

5 Respondent shall completely abstain from the possession, injection or consumption by  
6 any route of all psychotropic (mood altering) drugs, including alcohol, except when the same are  
7 ordered by a health care professional legally authorized to do so and are part of documented  
8 medical treatment. Respondent shall have sent to the Board, in writing and within fourteen (14)  
9 days, by the prescribing physician or dentist, a report identifying the medication, dosage, the date  
10 the medication was prescribed, the respondent's prognosis, the date the medication will no longer  
11 be required, and the effect on the recovery plan, if appropriate.

12 "Respondent shall identify for the Board a single physician, nurse practitioner or  
13 physician assistant who shall be aware of respondent's history of substance abuse and will  
14 coordinate and monitor any prescriptions for respondent for dangerous drugs, controlled  
15 substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician  
16 assistant shall report to the Board on a quarterly basis respondent's compliance with this  
17 conditions. If any substances considered addictive have been prescribed, the report shall identify  
18 a program for the time limited use of any such substances.

19 "The Board may require the single coordinating physician, nurse practitioner, or physician  
20 assistant to be a specialist in addictive medicine, or to consult with a specialist in addictive  
21 medicine."

22 **FIRST CAUSE FOR DISCIPLINE**

23 (Controlled Substance Use)

24 13. Respondent is subject to disciplinary action under section 2761,  
25 subdivision (a), as defined by section 2762, subdivisions (a) and (b), on the grounds of  
26 unprofessional conduct for violating Health and Safety Code section 11170, when she obtained,  
27 possessed and/or administered cocaine to herself. On or about September 4, 2002, Respondent  
28 tested positive for cocaine.

1                                    FIRST CAUSE TO REVOKE PROBATION

2                    (Failed to Abstain from Possession and Use of Mood-Altering Substances)

3                    14.      Respondent's probation is subject to revocation because she failed to  
4      comply with Probation Condition 15 (Abstain From Use of Psychotropic (Mood-altering) Drugs),  
5      as follows:

- 6                    a)      On or about September 4, 2002, Respondent tested positive for cocaine,  
7                    b)      On or about September 9, 2003, Respondent arrived two hours late  
8      (unexcused) for testing, and  
9                    c)      On or about November 25, 2003, Respondent tested positive for ethanol  
10     (alcohol).

11                                   SECOND CAUSE TO REVOKE PROBATION

12                    (Failed to Obey Rules and Regulations of the Board)

13                    15.      Respondent's probation is subject to revocation because she failed to  
14      comply with Probation Condition 1 (Obey All Laws) for the reasons described above in  
15      paragraph 13.

16                                   THIRD CAUSE TO REVOKE PROBATION

17                    (Failed to Comply with Probation Program)

18                    16.      Respondent's probation is subject to revocation because she failed to  
19      comply with Probation Condition 2 (Comply with Probation Program) for the reasons described  
20      above in paragraph 13.


21                                   PRAYER

22                    WHEREFORE, Complainant requests that a hearing be held on the matters herein  
23      alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

- 24                    1.      Revoking the probation that was granted by the Board of Registered  
25      Nursing in Case No. 2000-175 and imposing the disciplinary order that was stayed, thereby  
26      revoking Registered Nurse License No. 518146 issued to Angelique Michele Rider-Mitchell;  
27                    2.      Revoking or suspending Registered Nurse License No. 518146, issued to  
28      Angelique Michele Rider-Mitchell;

- 1                   3.     Ordering Angelique Michele Rider-Mitchell to pay the Board of  
2 Registered Nursing the reasonable costs of the investigation and enforcement of this case,  
3 pursuant to Business and Professions Code section 125.3;  
4                   4.     Taking such other and further action as deemed necessary and proper.

5  
6 DATED: 2/27/04

7  
8   
9 RUTH ANN TERRY, M.P.H., R.N.  
10 Executive Officer  
11 Board of Registered Nursing  
12 Department of Consumer Affairs  
13 State of California

14 03579110-LA2003600872  
15 1/19/04dmc  
16 60025965.wpd  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**Exhibit A**

**Decision and Order**

**Board of Registered Nursing Case No. 2000-175**

**BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

**ANGELIQUE M. RIDER**, also known as  
**ANGELIQUE MICHELE RIDER**  
10925 Bluffside Drive, #110  
Studio City, CA 91604

Registered Nurse License Number 518146

Respondent.

Case No. 2000-175

OAH No. L-2001010377

**DECISION AND ORDER**

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Registered Nursing of the Department of Consumer Affairs, as its Decision in the above entitled matter.

This Decision shall become effective on November 19, 2001.

It is so ORDERED October 18, 2001.

*Sandra L. Erickson*

\_\_\_\_\_  
FOR THE BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS

1 BILL LOCKYER, Attorney General  
of the State of California  
2 DESIREE A. O'BRIEN, State Bar No. 157464  
Deputy Attorney General  
3 California Department of Justice  
300 South Spring Street, Suite 1702  
4 Los Angeles, California 90013  
Telephone: (213) 897-2578  
5 Facsimile: (213) 897-2804  
6 Attorneys for Complainant

7  
8 **BEFORE THE**  
9 **BOARD OF REGISTERED NURSING**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

12 **ANGELIQUE M. RIDER**, also known as  
13 **ANGELIQUE MICHELE RIDER**  
10925 Bluffs Drive, #110  
14 Studio City, CA 91604

15 Registered Nurse License Number 518146

16 Respondent.

Case No. 2000-175

OAH No. L-2001010377

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

17 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to the  
18 above-entitled proceedings that the following matters are true:

19 **PARTIES**

20 1. Complainant Ruth Ann Terry, M.P.H., R.N. is the Executive Officer of the  
21 Board of Registered Nursing. She brought this action solely in her official capacity and is  
22 represented in this matter by Bill Lockyer, Attorney General of the State of California, by  
23 Desiree A. O'Brien, Deputy Attorney General.

24 2. Respondent Angelique M. Rider ("Respondent") is represented in this  
25 proceeding by attorney A. Irving Osser, whose address is The Osser Law Offices, 50 North La  
26 Cienega Boulevard, Suite 200, Beverly Hills, CA 90211.

27 3. On or about December 13, 1995, the Board of Registered Nursing issued  
28 Registered Nurse License Number 518146 to Angelique M. Rider ("Respondent").

[illegible]

2  
3  
4  
5  
6  
7

## 8

901

2  
3  
4  
5  
6  
7  
8

1

1

\_\_\_\_\_

\_\_\_\_\_

11

1 forth in the Order below.

2 CONTINGENCY

3 11. This stipulation shall be subject to the approval of the Board. Respondent  
4 understands and agrees that Board of Registered Nursing's staff and counsel for Complainant  
5 may communicate directly with the Board regarding this stipulation and settlement, without  
6 notice to or participation by Respondent or her counsel. If the Board fails to adopt this  
7 stipulation as its Order, except for this paragraph the Stipulated Settlement and Disciplinary  
8 Order shall be of no force or effect, it shall be inadmissible in any legal action between the  
9 parties, and the Board shall not be disqualified from further action by having considered this  
10 matter.

11 12. The parties agree that facsimile copies of this Stipulated Settlement and  
12 Disciplinary Order, including facsimile signatures thereto, shall have the same force and effect as  
13 the original Stipulated Settlement and Disciplinary Order and signatures.

14 13. In consideration of the foregoing admissions and stipulations, the parties  
15 agree that the Board shall, without further notice or formal proceeding, issue and enter the  
16 following Disciplinary Order:

17 DISCIPLINARY ORDER

18 IT IS HEREBY ORDERED that Registered Nurse License Number 518146  
19 issued to Respondent Angelique M. Rider is revoked. However, the revocation is stayed and  
20 Respondent is placed on probation for three (3) years on the following terms and conditions.

21 SEVERABILITY CLAUSE

22 Each term and condition of probation contained herein is a separate and distinct term and  
23 condition. If any term and condition of this Order, or any application thereof, is declared  
24 unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other  
25 applications thereof, shall not be affected. Each term and condition of this Order shall separately  
26 be valid and enforceable to the fullest extent permitted by law.

27 ///

28 ///

1     **(1) OBEY ALL LAWS**

2           Respondent shall obey all federal, state and local laws. A full and detailed account of  
3 any and all violations of law shall be reported by the respondent to the Board in writing within  
4 seventy-two (72) hours of occurrence. To permit monitoring of compliance with this term,  
5 respondent shall submit completed fingerprint cards and fingerprint fees within 45 days of the  
6 effective date of the decision, unless previously submitted as part of the licensure application  
7 process. Respondent shall submit a recent 2" x 2" photograph of herself within 45 days of the  
8 effective date of the final decision.

9     **(2) COMPLY WITH PROBATION PROGRAM**

10          Respondent shall fully comply with the terms and conditions of the Probation Program  
11 established by the Board and cooperate with representatives of the Board in its monitoring and  
12 investigation of the respondent's compliance with the Probation Program. Respondent shall  
13 inform the Board in writing within no more than 15 days of any address change and shall at all  
14 times maintain an active, current license status with the Board, including during any period of  
15 suspension.

16     **(3) REPORT IN PERSON**

17          Respondent, during the period of probation, shall appear in person at interviews/ meetings  
18 as directed by the Board or its designated representatives.

19     **(4) RESIDENCY OR PRACTICE OUTSIDE OF STATE**

20          Periods of residency or practice as a registered nurse outside of California will not apply  
21 to the reduction of this probationary term. The respondent must provide written notice to the  
22 Board within 15 days of any change of residency or practice outside the state.

23     **(5) SUBMIT WRITTEN REPORTS**

24          Respondent, during the period of probation, shall submit or cause to be submitted such  
25 written reports/declarations and verification of actions under penalty of perjury, as required by  
26 the Board. These reports/declarations shall contain statements relative to respondent's  
27 compliance with all the terms and conditions of the Board's Probation Program. Respondent  
28 shall immediately execute all release of information forms as may be required by the Board or its

1 representatives.

2 **PROVIDE DECISION**

3 Respondent shall provide a copy of this decision to the nursing regulatory agency in  
4 every state and territory in which he or she has a registered nurse license.

5 (6) **FUNCTION AS A REGISTERED NURSE**

6 Respondent, during the period of probation, shall engage in the practice of registered  
7 nursing in California for a minimum of 24 hours per week for 6 consecutive months or as  
8 determined by the Board.

9 For purposes of compliance with the section, "engage in the practice of registered  
10 nursing" may include, when approved by the Board, volunteer work as a registered nurse, or  
11 work in any non-direct patient care position that requires licensure as a registered nurse.

12 The Board may require that advanced practice nurses engage in advanced practice nursing  
13 for a minimum of 24 hours per week for 6 consecutive months or as determined by the Board.

14 If respondent has not complied with this condition during the probationary term, and the  
15 respondent has presented sufficient documentation of his or her good faith efforts to comply with  
16 this condition, and if no other conditions have been violated, the Board, in its discretion, may  
17 grant an extension of the respondent's probation period up to one year without further hearing in  
18 order to comply with this condition.

19 (7) **EMPLOYMENT APPROVAL AND REPORTING REQUIREMENTS**

20 Respondent shall obtain prior approval from the Board before commencing any  
21 employment, paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to  
22 the Board all performance evaluations and other employment related reports as a registered nurse  
23 upon request of the Board.

24 Respondent shall provide a copy of this decision to her employer and immediate  
25 supervisor prior to commencement of any nursing or other health care related employment.

26 Respondent shall notify the Board in writing within seventy-two (72) hours after she  
27 obtains any nursing or other health care related employment, when such employment is not as a  
28 registered nurse. Respondent shall notify the Board in writing within seventy-two (72) hours

1 after she is terminated from any registered nursing, other nursing, or other health care related  
2 employment with a full explanation of the circumstances surrounding the termination.

3 (8) **SUPERVISION**

4 Respondent shall obtain prior approval from the Board regarding respondent's level of  
5 supervision and/or collaboration before commencing any employment as a registered nurse.

6 Respondent shall practice only under the direct supervision of a registered nurse in good  
7 standing (no current discipline) with the Board of Registered Nursing, unless alternative methods  
8 of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are  
9 approved.

10 Respondent's level of supervision and/or collaboration may include, but is not limited to  
11 the following:

12 (a) Maximum - The individual providing supervision and/or collaboration is present in the  
13 patient care area or in any other work setting at all times.

14 (b) Moderate - The individual providing supervision and/or collaboration is in the patient care  
15 unit or in any other work setting at least half the hours respondent works.

16 (c) Minimum - The individual providing supervision and/or collaboration has person-to-person  
17 communication with respondent at least twice during each shift worked.

18 (d) Home Health Care - If respondent is approved to work in the home health care setting, the  
19 individual providing supervision and/or collaboration shall have person-to-person  
20 communication with respondent as required by the Board each work day. Respondent shall  
21 maintain telephone or other telecommunication contact with the individual providing supervision  
22 and/or collaboration as required by the Board during each work day. The individual providing  
23 supervision and/or collaboration shall conduct, as required by the Board, periodic, on-site visits  
24 to patients' homes visited by the respondent with or without respondent present.

25 (9) **EMPLOYMENT LIMITATIONS**

26 Respondent shall not work for a nurse's registry, in any private duty position as a  
27 registered nurse, a temporary nurse placement agency, or for an in-house nursing pool.

28 Respondent shall not work for a licensed home health agency as a visiting nurse unless the

1 registered nursing supervision and other protections for home visits have been approved by the  
2 Board. Respondent shall not work in any other registered nursing occupation where home visits  
3 are required.

4 Respondent shall not work in any health care setting as a supervisor of registered nurses.  
5 The Board may additionally restrict respondent from supervising licensed vocational nurses  
6 and/or unlicensed assistive personnel on a case-by-case basis.

7 Respondent shall not work as a faculty member in an approved school of nursing or as an  
8 instructor in a Board approved continuing education program.

9 Respondent shall work only on a regularly assigned, identified and predetermined  
10 worksite(s) and shall not work in a float capacity.

11 If the respondent is working or intends to work in excess of 40 hours per week, the Board  
12 may request documentation to determine whether there should be restrictions on the hours of  
13 work.

14 (10) **COMPLETE A NURSING COURSE(S)**

15 Respondent, at her own expense, shall enroll and successfully complete a course(s)  
16 relevant to the practice of registered nursing no later than six months prior to the end of her  
17 probationary term.

18 Respondent shall obtain prior approval from the Board before enrolling in the course(s).  
19 Respondent shall submit to the Board the original transcripts or certificates of completion for the  
20 above required course(s). The Board shall return the original documents to respondent after  
21 photocopying them for its records.

22 (11) **COST RECOVERY**

23 Respondent shall pay to the Board costs associated with its investigation and enforcement  
24 pursuant to Business and Professions Code Section 125.3 in the amount of two thousand one  
25 hundred ninety eight dollars (\$2,198.00). Respondent shall be permitted to pay these costs in a  
26 payment plan approved by the Board, with payments to be completed no later than three months  
27 prior to the end of the probation term.  
28

1 (12) **VIOLATION OF PROBATION**

2 If a respondent violates the conditions of her probation, the Board after giving the  
3 respondent notice and an opportunity to be heard, may set aside the stay order and impose the  
4 stayed discipline (revocation) of the respondent's license.

5 If during the period of probation, an accusation or petition to revoke probation has been  
6 filed against respondent's license or the Attorney General's Office has been requested to prepare  
7 an accusation or petition to revoke probation against the respondent's license, the probationary  
8 period shall automatically be extended and shall not expire until the accusation or petition has  
9 been acted upon by the Board. Upon successful completion of probation, the respondent's  
10 license will be fully restored.

11 (13) **PHYSICAL EXAMINATION**

12 Within 45 days of the effective date of this decision, respondent, at her expense, shall  
13 have a licensed physician, nurse practitioner, or physician assistant, who is approved by the  
14 Board before the assessment is performed, submit an assessment of the respondent's physical  
15 condition and capability to perform the duties of a registered nurse. Such an assessment shall be  
16 submitted in a format acceptable to the Board. If medically determined, a recommended  
17 treatment program will be instituted and followed by the respondent with the physician, nurse  
18 practitioner, or physician assistant providing written reports to the Board on forms provided by  
19 the Board.

20 If respondent is determined to be unable to practice safely as a registered nurse, the  
21 licensed physician, nurse practitioner, or physician assistant making this determination shall  
22 immediately notify the Probation Program and respondent by telephone. Respondent shall  
23 immediately cease practice and shall not resume practice until notified by the Probation Monitor.  
24 During this period of suspension, respondent shall not engage in any practice for which a license  
25 issued by the Board is required until the Probation Monitor has notified respondent that a  
26 medical determination permits respondent to resume practice.

27 ///

28 ///

1 (14) **PARTICIPATE IN TREATMENT/REHABILITATION PROGRAM FOR**  
2 **CHEMICAL DEPENDENCE**

3 Respondent, at her expense, shall successfully complete during the probationary period or  
4 shall have successfully completed prior to commencement of probation a Board-approved  
5 treatment/rehabilitation program of at least six months. As required, reports shall be submitted  
6 by the program on forms provided by the Board. If respondent has not completed a Board-  
7 approved treatment/rehabilitation program prior to commencement of probation, respondent,  
8 within 45 days from the effective date of the decision, shall be enrolled in a program. If a  
9 program is not successfully completed within the first nine months of probation, the Board shall  
10 consider respondent in violation of probation.

11 Based on Probation Program recommendation, each week, respondent shall be required to  
12 attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics  
13 Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed  
14 by the Board. If a nurse support group is not available, an additional 12 step meeting or  
15 equivalent shall be added. Respondent shall submit dated and signed documentation confirming  
16 such attendance to the Board during the entire period of probation. Respondent shall continue  
17 with the recovery plan recommended by the treatment/rehabilitation program or a licensed  
18 mental health examiner and/or other ongoing recovery groups.

19 (15) **ABSTAIN FROM USE OF PSYCHOTROPIC (MOOD-ALTERING) DRUGS**

20 Respondent shall completely abstain from the possession, injection or consumption by  
21 any route of all psychotropic (mood altering) drugs, including alcohol, except when the same are  
22 ordered by a health care professional legally authorized to do so and are part of documented  
23 medical treatment. Respondent shall have sent to the Board, in writing and within fourteen (14)  
24 days, by the prescribing physician or dentist, a report identifying the medication, dosage, the date  
25 the medication was prescribed, the respondent's prognosis, the date the medication will no longer  
26 be required, and the effect on the recovery plan, if appropriate.

27 Respondent shall identify for the Board a single physician, nurse practitioner or physician  
28 assistant who shall be aware of respondent's history of substance abuse and will coordinate and

1 monitor any prescriptions for respondent for dangerous drugs, controlled substances or mood-  
2 altering drugs. The coordinating physician, nurse practitioner, or physician assistant shall report  
3 to the Board on a quarterly basis respondent's compliance with this condition. If any substances  
4 considered addictive have been prescribed, the report shall identify a program for the time  
5 limited use of any such substances.

6 The Board may require the single coordinating physician, nurse practitioner, or physician  
7 assistant to be a specialist in addictive medicine, or to consult with a specialist in addictive  
8 medicine.

9 (16) **SUBMIT TO TESTS AND SAMPLES**

10 Respondent, at her expense, shall participate in a random, biological fluid testing or a  
11 drug screening program which the Board approves. The length of time and frequency will be  
12 subject to approval by the Board. The respondent is responsible for keeping the Board informed  
13 of respondent's current telephone number at all times. Respondent shall also ensure that  
14 messages may be left at the telephone number when she is not available and ensure that reports  
15 are submitted directly by the testing agency to the Board, as directed. Any confirmed positive  
16 finding shall be reported immediately to the Board by the program and the respondent shall be  
17 considered in violation of probation.

18 In addition, respondent, at any time during the period of probation, shall fully cooperate  
19 with the Board or any of its representatives, and shall, when requested, submit to such tests and  
20 samples as the Board or its representatives may require for the detection of alcohol, narcotics,  
21 hypnotics, dangerous drugs, or other controlled substances.

22 If respondent has a positive drug screen for any substance not legally authorized and not  
23 reported to the coordinating physician, nurse practitioner, or physician assistant, and the Board  
24 files a petition to revoke probation or an accusation, the Board may suspend respondent from  
25 practice pending the final decision on the petition to revoke probation or the accusation.

26 (17) **MENTAL HEALTH EXAMINATION**

27 The respondent shall, within 45 days of the effective date of this decision, have a mental  
28 health examination including psychological testing as appropriate to determine his/her capability

1 to perform the duties of a registered nurse. The examination will be performed by a psychiatrist,  
2 psychologist or other licensed mental health practitioner approved by the Board. The examining  
3 mental health practitioner will submit a written report of that assessment and recommendations  
4 to the Board. All costs are the responsibility of the respondent. Recommendations for treatment,  
5 therapy or counseling made as a result of the mental health examination will be instituted and  
6 followed by the respondent.

7 If respondent is determined to be unable to practice safely as a registered nurse, the  
8 licensed mental health care practitioner making this determination shall immediately notify the  
9 Probation Program and respondent by telephone. Respondent shall immediately cease practice  
10 and may not resume practice until notified by the Probation Monitor. During this period of  
11 suspension, respondent shall not engage in any practice for which a license issued by the Board  
12 is required, until the Probation Monitor has notified respondent that a mental health  
13 determination permits respondent to resume practice.

14 (18) **THERAPY OR COUNSELING PROGRAM**

15 Respondent, at her expense, shall participate in an on-going counseling program until  
16 such time as the Board releases him/her from this requirement and only upon the  
17 recommendation of the counselor. Written progress reports from the counselor will be required  
18 at various intervals.

19 **ACCEPTANCE**

20 I have carefully read the above Stipulated Settlement and Disciplinary Order and  
21 have fully discussed the terms and conditions and other matters contained therein with my  
22 attorney, A. Irving Osser, Esq., I understand the effect this stipulation will have on my  
23 Registered Nurse License Number 518146. I enter into this Stipulated Settlement voluntarily,  
24 knowingly and intelligently and agree to be bound by the Disciplinary Order and Decision of the  
25 Board of Registered Nursing. I further agree that a facsimile copy of this Stipulated Settlement

26 ///

27 ///

28 ///

1 and Disciplinary Order, including facsimile copies of signatures, may be used with the same  
2 force and effect as the originals.

3 DATED: 7/17/01

4  
5   
6 ANGELIQUE M. RIDER

7 I have read and fully discussed with Respondent Angelique M. Rider the terms  
8 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
9 Order. I approve its form and content.

10 DATED: 7/17/01

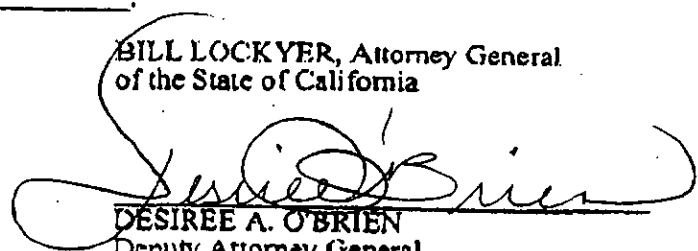
11  
12   
13 A. IRVING OSSER  
14 Attorney for Respondent

15 ENDORSEMENT

16 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
17 submitted for consideration by the Board of Registered Nursing of the Department of Consumer  
18 Affairs.

19  
20 DATED: 7/17/01

21 BILL LOCKYER, Attorney General  
22 of the State of California

23   
24 DESIREE A. O'BRIEN  
25 Deputy Attorney General

26 Attorneys for Complainant  
27  
28

**Exhibit A:**  
**Accusation Case No. 2000-175**

1 BILL LOCKYER, Attorney General  
of the State of California  
2 DESIREE O'BRIEN, State Bar No. 157464  
Deputy Attorney General  
3 300 South Spring Street, Suite 500  
Los Angeles, California 90018  
4 Telephone: (213) 897-2578

5 Attorneys for Complainant  
6  
7  
8

9 BEFORE THE  
10 BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
11 STATE OF CALIFORNIA  
12

13 In the Matter of the Accusation Against: )

NO. 2000-175

14 ANGELIQUE M. RIDER, also known as )  
ANGELIQUE MICHELE RIDER )

ACCUSATION

15 1445 AMMONS ROAD )

DUNN, NC 28334 )

16 Registered Nurse License No. 518146 )

17 Respondent. )  
18

19 Ruth Ann Terry, M.P.H., R.N., as causes for discipline, alleges:  
20

21 1. Complainant Ruth Ann Terry, M.P.H., R.N., makes and files this  
22 accusation in her official capacity as Executive Officer, Board of Registered Nursing,  
23 Department of Consumer Affairs.

24 2. On December 13, 1995, the Board of Registered Nursing issued  
25 Registered Nurse License No. 518146 to Angelique Rider, also known as Angelique Michele  
26 Rider (hereinafter referred to as "respondent"). The license was in full force and effect at all  
27 times relevant herein and will expire April 30, 2001.

1                   3.       Under Business and Professions Code section 2750, the Board of  
2 Registered Nursing may discipline any licensee, including a licensee holding a temporary or an  
3 inactive license, for any reason provided in Article 3 of the Nursing Practice Act.

4                   4.       Under Business and Professions Code section 2764, the expiration or  
5 suspension of a license by operation of law or by decision of the board or a court, shall not  
6 deprive the board of jurisdiction to proceed with a disciplinary proceeding against the licensee  
7 or to render a decision imposing discipline on the licensee. Under Business and Professions  
8 Code section 2746.8, a registered nurse license may be renewed within eight years of its  
9 expiration.

10                  5.       Under Business and Professions Code section 125.3, the Board may  
11 request the administrative law judge to direct a licensee found to have committed a violation  
12 or violations of the license act to pay a sum not to exceed the reasonable costs of the  
13 investigation and enforcement of the case.

14                  6.       Respondent has subjected her license to discipline under Business and  
15 Professions Code section 2761(a) on the grounds of unprofessional conduct as defined by  
16 section 2762(c) of that code, in that respondent was convicted of crimes involving the  
17 consumption of alcohol in the following respects:

18                   a.       On or about January 9, 1997, she was convicted by the court on  
19 her plea of nolo contendere to violation of Vehicle Code section 23152(b) (driving with blood  
20 alcohol content of .08% or more, a misdemeanor) in Los Angeles County Municipal Court  
21 Van Nuys District Case No. 7VN00014, entitled, *People v. Angelique M. Rider*. The  
22 circumstances of the crime are that on or about December 14, 1996, in the City of Los  
23 Angeles, California, respondent drive a motor vehicle with a blood alcohol content greater than  
24 .08%.

25                   b.       On or about July 7, 1997, she was convicted by the court on her  
26 plea of nolo contendere to violation of Vehicle Code section 23103(a) (reckless driving, a  
27 misdemeanor) in Los Angeles County Municipal Court South Bay Judicial District Case

1 No. 7SB04550, entitled, *People v. Angelique M. Rider*. The circumstances of the crime are  
2 that on or about March 28, 1997, in the City of Manhattan Beach, California, respondent was  
3 stopped by the Manhattan Beach Police Department due to her erratic driving. She failed a  
4 field sobriety test and blew into a Breathalyzer with a result of .095% blood alcohol content.  
5 At the time, respondent was driving with her two minor children, 7 and 9 years old, in the  
6 vehicle.

7           7. Respondent has subjected her license to discipline under Business and  
8 Professions Code section 2761(a) on the grounds of unprofessional conduct, as defined in  
9 section 2762(b) of that code, in that she used alcohol to an extent or in a manner which was  
10 dangerous or injurious to herself, others, or to the public, as set forth in paragraph 6, above.

11           8. Respondent has subjected her license to discipline under Business and  
12 Professions Code section 2761(f) in that she was convicted of crimes, as set forth in  
13 paragraph 6, above, which are substantially related to the qualifications, functions, and duties  
14 of a registered nurse, within the meaning of Title 16, California Code of Regulations, section  
15 1444.

16           9. Respondent has subjected her license to discipline under Business and  
17 Professions Code section 2761(a) on the grounds of unprofessional conduct by reason of the  
18 acts set forth in paragraphs 6 through 8, above.

19  
20           WHEREFORE, complainant prays a hearing be had and that the Board of  
21 Registered Nursing make its order:

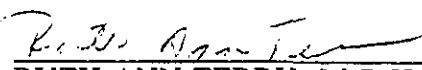
22           1. Revoking or suspending Registered Nurse License No. 518146, issued to  
23 Angelique M. Rider, also known as Angelique Michele Rider.

24           2. Ordering Angelique M. Rider to pay to the Board its costs in the  
25 investigation and enforcement of the case according to proof at the hearing pursuant to  
26 Business and Professions Code section 125.3.

27 ///

1                    3.     Taking such other and further action as may be deemed proper and  
2 appropriate.

3 DATED: 4/8/00

4  
5  
6   
7 RUTH ANN TERRY, M.P.H., R.N.  
8 Executive Director  
9 Board of Registered Nursing  
10 Department of Consumer Affairs  
11 State of California

12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26 Complainant  
27

03579110-  
LA1999AD1099  
000125.MH